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(Ří	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

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Document number <u>L17000034778</u>

will not

And will file a new filing with the same name.

CONCINETARY OF STREET

2019 OCT 15 PK P

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Access Intern	alianal LLC	
Name of Lim	ited Liability Company	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma		
lania Jouber	Namu of Person	
	Name of Ferson	
350 Crossing	Blud. Apt. 502	
\1	•	
Orange Park	Address	
Jack Sonutte Jack Sonutte Janialugod @ 49h	74, 32073	
	city/State and Zip Code	to the second
tanialugode yah	for future annual report notification)	
E-mail address: (to be used	To future amual report notification)	
For further information concerning this matter, pleas		
lanias. Lugo at (rea Code Daytime Telephone Number	
Name of Person A	rea Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee.	
Certificate of Status	Certified Copy Certificate of Status & Certified Copy	
	(additional copy is enclosed)	
Mailing Address	Street Address	
New Filing Section Division of Corporations	New Filing Section Division of Corporations	226
P.O. Box 6327	Clifton Building	••
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY	TO AHA	no.T	F
ARTICLE I - Name: The name of the Limited Liability Company is: Access International LLC	ART OF OU	12 bt 3:	LED
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")		#6	

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
350 Crossing Blud. Apt. 502	350 Crossing Blud. Apt. 502
Jacksonville 71 32073	Jacksonville, 7L 3-2073
Orange Park	Brange Merk

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Name

350 (rossing Blud. Apt. 50)

Florida street address (P.O. Box NOT acceptable)

Drange Park, 71 32873

City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:			
MGR	Jania Joubert Lugo 350 Crossing Blid Apt Orange Part, 71 32673	502	ł	
			* *.	, · .
effective date is listed, the date must be sp le of filing.) If the date inserted in this block does not r	ecific and cannot be more than five business days prior meet the applicable statutory filing requirements, this day of State's records	or to or 90		
CLE V: Effective date, if other than the date effective date is listed, the date must be speed filing.)	ecific and cannot be more than five business days price meet the applicable statutory filing requirements, this da	or to or 90		
CLE V: Effective date, if other than the date effective date is listed, the date must be spile of filing.) If the date inserted in this block does not recument's effective date on the Department	ecific and cannot be more than five business days price meet the applicable statutory filing requirements, this da	or to or 90		
CLE V: Effective date, if other than the date effective date is listed, the date must be sple of filing.) If the date inserted in this block does not recument's effective date on the Department CLE VI: Other provisions, if any. REOUIRED SIGNATURE Signature of a provision of the department is executed an aware that any false.	ecific and cannot be more than five business days price meet the applicable statutory filing requirements, this da	a Statutes.	be lis	et ar

ARTICLE IV-