

12/3/2018

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**FLORIDA LIMITED LIABILITY CO.  
OPTIMUM SERVICES & SUPPLIES L.L.C**

Certificate of Status	0
Certified Copy	1
Page Count	03
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December 5, 2018

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: OPTIMUM SERVICES & SUPPLIES L.L.C

REF: W18000104865

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

The information stated in Article IV is not clear enough to process. Also please include the manager's state and zip code on the document as well.

If you have any further questions concerning your document, please call (850) 245-6052.

Nadira D McCleas-Sams  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: E18000342669  
Letter Number: 118A00024907

P.O BOX 6327 - Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

OPTIMUM SERVICES & SUPPLIES L.L.C.

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

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

Mailing Address:Principal Office Address:10485 NW 37TH TERRACE  
DORAL, FL 3317810485 NW 37TH TERRACE  
DORAL, FL 33178

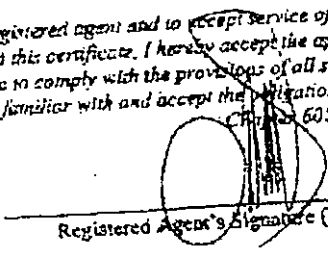
## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

(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:

CERTAINET INTERNATIONAL, INC.  
Name10485 NW 37TH TERRACE  
Florida street address (P.O. Box **NOT** acceptable)DORAL FL 33178  
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 named 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. I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 603, F.S.

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY  
TALLAHASSEE, FLORIDA

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

CARLOS BERNARDO ARREAZA ARJONA  
7541 SW 61 AVE  
MIAMI, FL 33143

AMBR

FRANCISCO JOSE ASTUDILLO SANCHEZ  
10485 NW 37TH TERRACE  
DORAL, FL 33178

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.135, F.S.)

*Francisco Jose Astudillo Sanchez*  
Typed or printed name of signee

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