

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

CLARA GERALDO P.A.  
380 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : CLARA GIRALDO, P.A.  
Account Number : I19990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
ACTION SERVICE SOLUTIONS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2019 MAR 11 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FL

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF**

**ACTION SERVICE SOLUTIONS, LLC**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**CLARA GIRALDO E.A.  
4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300**

**ACTION SERVICE SOLUTIONS, LLC**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**1000 NW 1AV. APT 1105  
MIAMI FL, 33013**

The mailing address shall be:

**1000 NW 1AV. APT 1105  
MIAMI FL, 33013**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

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

**BERNARDO DIEGUEZ**

**1000 NW 1AV. APT 1105**  
Florida Street address (P.O.BOX NOT acceptable)  
**MIAMI FL, 33013**  
City, State, and Zip

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**CLARA GIRALDO E.A.**  
**4080 SW 84 AVENUE SUITE C**  
**MIAMI, FL 33155**  
**PH.: (305) 485-9300**

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..

X

  
REGISTERED AGENT'S SIGNATURE

#### ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**BERNARDO DIEGUEZ**  
**1000 NW 1AV. APT 1105**  
**MIAMI FL, 33013**

**MANAGER**

(An additional article must be added if an effective date is requested)

X

  
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.)

**BERNARDO DIEGUEZ**  
Typed or printed name of signer



## FAX TRANSMITTAL

**To:** **Date:** 03/11/2019 11:01:22 AM Central Time

Company: FL SOS

Attn:

Fax No: 850-617-6381

Number of pages transmitted

**From:**

including cover page: 5

Name: Taylor Seay

Email: tseay@capitol-services.com

Fax No: 800-432-3622

Voice No: 855-498-5500

**Subject:**

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