

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000134774 3)))



H190001347743ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:				
	Division of Co	rporations		
	Fax Numbe r	: (850)617-6381		
			,	
From:			~ 😅	4
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	* *	32
	Account Number	: 120000000019	5	APR 2
	Phone	: (305)552-5973	ن برن در در د	\sim
	Fax Number	: (305)675-5944	~;	~
		. (303)0.3 3344	Çn ⊖	20.0
			ا ا ا ا	
*Enter 1	the email address	s for this business entity to be used for f	F- (0	Ċ
ann	wal remort maili	ngs. Enter only one email address please.**	T. C.	
GIII.		ings. Enter only one email appress please.*		()T

2019 APR 24 PH 2: 55

FLORIDA LIMITED LIABILITY CO. MHP ALL SOLUTIONS LLC

Certificate of Status	1	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$130.00	

Electronic Filing Menu

Corporate Filing Menu

Help APR 2 5 2019 C Kinsey

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
MHP ALL SOLUTIONS LL
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
M-> 10690 SW 24 STREET MIRMI PL 33165
P+ 13250 sw 12 street mismi FC 33184
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (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.)
13250 SW 12 STREET 135 184 18 9 1
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
RICHARD HERNANDEZ PERERA (AMBR)
(AMBR)

Required Signatures:

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 s.817.155, F.S.

RICHARD HERNANDEZ PERERA
Typed or printed name of signee

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)

n.