2019-06-13 1 Division of Corpora

Electronic Filing Cover Sheet

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.

(((H19000186807 3)))



H190001668073ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

Phone : (800)221-2972

Fax Number

: (718)889-7420

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.

Source 1 Technologies Services LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

JUN 1 4 2319

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The name of the Limited Liability Company's.	
Source 1 Technologies Services LLC	
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
23780 Clear Spring Court Unit 1508 Estero, FL 34135	23780 Clear Spring Court Unit 1508 Estero, FL 34135
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Regist another business entity with an active Florida registration.) The name and the Florida street address of the registered agent	stered Agent. You must designate an individual or
NICHOLAS TANZI Nam	ne
44504 01 . 6 . 1 . 0	
23780 Clear Spring Court 1 Florida street address (P.O	· · · · · · · · · · · · · · · · · · ·
•	
	FL 34135 State Zip
City	Suite
laving been named as registered agent and to accept service of place designated in this certificate, I hereby accept the appointment arther agree to comply with the provisions of all-statutes relating m familiar with and accept the obligations of my position as region of a complete the control of the cont	ent as registered agent and agree to act in this capacity. I to the proper and complete performance of my duties, and !
(CO	ONTINUED)
	Page 1 of 2

*AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	NICYON AS TAXITI
AMDR	NICHOLAS TANZI
	23780 Clear Spring Court Unit 1508
	Estero. FL 34135
(Use attachment if necessary)	
E V: Effective date, if other than the date of:	Sling: (OPTIONAL)
the date inscried in this block does not meet	the and cannot be more than five business days prior to or 90 da
ective date is listed, the date must be specififfiling.)	the and cannot be more than five business days prior to or 90 da
ective date is listed, the date must be specififfiling.) the date inserted in this block does not meet ment's effective date on the Department of S	the and cannot be more than five business days prior to or 90 da
ective date is listed, the date must be specififfiling.) the date inserted in this block does not meet ment's effective date on the Department of SEVI: Other provisions, if any.	the and cannot be more than five business days prior to or 90 da
ective date is listed, the date must be specififfiling.) the date inserted in this block does not meet ment's effective date on the Department of SEVI: Other provisions, if any. REQUIRED SIGNATURE:	the applicable statutory filing requirements, this date will not be tate's records.
ective date is listed, the date must be specififfiling.) the date inserted in this block does not meet ment's effective date on the Department of SEVI: Other provisions, if any. Signature of a member of this document is executed in the date inserted in the date in the date inserted in the date in the date in the date inserted in the date in the dat	the applicable statutory filing requirements, this date will not be tate's records. The applicable statutory filing requirements, this date will not be tate's records.
ective date is listed, the date must be specififfiling.) the date inserted in this block does not meet ment's effective date on the Department of St. E. VI: Other provisions, if any. Signature of a memboration of the department of the Departmen	the applicable statutory filing requirements, this date will not be tate's records.
setive date is listed, the date must be specififfling.) the date inserted in this block does not meet ment's effective date on the Department of SEVI: Other provisions, if any. Signature of a member This document is executed if a maware that any false inficonstitutes a third degree felonial in the second in	the applicable statutory filing requirements, this date will not be tate's records. The applicable statutory filing requirements, this date will not be tate's records. The applicable statutory filing requirements, this date will not be tate's records. The applicable statutory filing requirements, this date will not be tate's records. The applicable statutory filing requirements, this date will not be tate's records. The applicable statutory filing requirements, this date will not be tate's records. The applicable statutory filing requirements, this date will not be tate's records.
Signature of a member of a may false infing. Signature at a may false infinite decrease in this document is executed in this block does not meet ment's effective date on the Department of Se VI: Other provisions, if any. Signature of a member is executed in a may false infinite constitutes a third degree felonic in the second in the s	the applicable statutory filing requirements, this date will not be tate's records. Let or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.

Page 2 of 2