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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE

COVER LETTER

TO:

New Filing Section

Division of Corporations	
SUBJECT: Business Service Name of Limit	Solutions & V. R. N.T. 5 LLC red Liability Company
The enclosed Articles of Organization and fee(s) are a Please return all correspondence concerning this matter.	
nenry @) nexxt	Address 33172 Sy/State and Kip Code YUNE +. COM or future annual report notification) call: 860, 292.9009
Finclosed is a check for the following amount: \$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$ Mailing Address	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Street Address
New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	T	C	L	E.	[-	Na	me	:
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The name of the Limited Liability Company is:

Business Service Solution & V. R. N. T. 5 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:

Principal Office Address:	Mailing Address:
3105 NW 107 AVE SUITE 400	3/05, XN 107 AVE Suite 400
Doral, F1 33172	Doral, FL 33172

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 Florigia registration.)

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

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

Uoral H 33172
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)

. 2019 JUL 1 1 AK 11: 4'

Title;	Same and Address:
"AMBR" = Authorized Member	
"MGRO" ETT	Nathaniel Johnson JR. 400
	100 cal (-1: 33172 /
V. V.	Elba Virginia Conzales tuste
	3105 NW 1074 Ave
	Doral, FL 33172
Ocl	Henry Collins
,	Doral, FL 33172
Operation Man.	Tracia Callinia
Exercision in with	2005 NW 107h Are Suite 400
	Doral, F1. 33172
DIR Sales	Vashing Collins 2005 NULL 107
(Ose attachment it necessary)	Kasheed Willins 3,05 NW 107
ARTICLE V: Effective date, if other than the da	te of filing:
(If an effective date is listed, the date must be s the date of filing.)	pecific and cannot be more than five business days prior to or 90 days after
	meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departmer	a of State's records.
ARTICLE VI: Other provisions, if any,	
REQUIRED SIGNATURE:	$(\ \ \ \) \land \ \) \land $
Hom	1 Collins
	nember or an authorized representative of a member.
	rated in accordance with section 605.0203 (1) (b). Florida Statutes. Secint remains submitted in a document to the Department of State:
constitutes a third degr	ree felony as provided for in s.817.155, F.S.
- ton	NV Collins E F T
	Typed or printed name of signee
	SE SE
\$125.00 Filing Fee for Articles of C	Filing Fees: Organization and Designation of Registered Agent onal)
\$ 30.00 Certified Copy (Optional)	
\$ 5.00 Certificate of Status (Opti	onal) SA 📜