

**L19000190195**

**Florida Department of State  
Division of Corporations  
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.**

(((H19000234019 3)))



H190002340193ABC5

**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 : FILINGS, INC.  
Account Number : 072720000101  
Phone : (954)791-2100  
Fax Number : (954)583-4117

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 AUG -5 AM 11:21

FILED

**\*\*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.  
LWIS SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

N SAMS  
AUG 06 2019

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

H19000234019

**ARTICLES OF ORGANIZATION  
OF  
LWISE SOLUTIONS, LLC  
A Limited Liability Company  
Organized under the Laws of the State of Florida**

**ARTICLE I - NAME**

The name of the limited liability company is:

**LWISE SOLUTIONS, LLC**

**ARTICLE II - ADDRESS**

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

524 NW 87<sup>th</sup> Way  
Coral Springs, Florida 33071

**ARTICLE III - REGISTERED AGENT AND OFFICE**

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

Mark L. Lewis  
524 NW 87<sup>th</sup> Way  
Coral Springs, Florida 33071

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.



Mark L. Lewis, as Registered Agent

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 AUG - 5 AM 11:21

FILED

H19000234019

Articles of Organization  
LWISE SOLUTIONS, LLC  
Page 2 of 2

**ARTICLE IV - MANAGERS**

The Managers of the LLC are as follows:

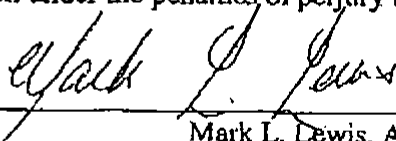
Mark L. Lewis, AMBR  
524 NW 87<sup>th</sup> Way  
Coral Springs, Florida 33071

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 AUG -5 AM 11:21

FILED

In accordance with section 605.0201, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Mark L. Lewis, AMBR