8/30/2019



Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CORPOLICENSE, INC

Account Number : 128050808118 Phone : (305)774-9506 Fax Number : (305)774-9660

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

Candylopez 2113 Email Address:____

FLORIDA LIMITED LIABILITY CO. CDVL MULTISERVICES, LLC

Certificate of Starus	0
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J. FASON

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY CDVL MULTISERVICES, LLC

ARTICLE I - NAME:

The name of the Limited Liability Company Is:

CDVL MULTISERVICES, LLC

ARTICLE II - ADDRESS:

The mailing and principal address of the Limited Liability Company is:

13010 SW 280TB Street Homestead, FL 33032

ARTICLE III - Registered Agent, Registered Office, & Register Agent's Signature: 13010 SW 280th Street Homestead, FL 33032

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.

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ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

TITLE: NAME AND ADDRESS

AMBR CINDY D. VALLE-LOPEZ

13010 SW 280th Street Homestead, FL 33032

Homestead, FL 33032

(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)

13010 SW 280th Street