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## FLORIDA LIMITED LIABILITY CO. LAXMI INTEGRAL SOLUTIONS, LLC

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

## LAXMI INTEGRAL SOLUTIONS, LLC

**ARTICLE I - NAME** 

The name of the Limited Liability Company is:

LAXMI INTEGRAL SOLUTIONS, LLC

**ARTICLE II - ADDRESS** 

The principal office of the Limited Liability Company is:

4136 NW 23<sup>RD</sup> AVE MIAMI, FL. 33142

The mailing address shall be:

4136 NW 23<sup>RD</sup> AVE MIAMI, FL. 33142

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

**LUIS RICARDO BOLANOS DIAZ** 

4138 NW 23<sup>RD</sup> AVE
Florida Street address (P.O.BOX NOT acceptable)
MIAMI, FL. 33142
City, State, and Zip

CLARA GIRALDO E.A. | 4080 SW 84 AVENUE SUI MIAMI, FL 33155 | PH.: (305) 485-9300

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

## ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

LUIS RICARDO BOLANOS DIAZ 4138 NW 23<sup>RD</sup> AVE MIAMI, FL. 33142

MANAGER

(An additional article must be added if an effective date is requested)

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.)

**LUIS RICARDO BOLANOS DIAZ** 

Typed or printed name of signee