

1/15/2020

Division of Corporations

## Florida Department of State

Division of Corporations  
Electronic Filing Cover SheetCLARA GIRALDO E.A.  
4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300**L20000010344**

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Account Name : CLARA GIRALDO ENROLLED AGENT  
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SECRETARY OF STATE  
TALLAHASSEE, FL**FLORIDA LIMITED LIABILITY CO.  
UNLIMITED SALES GROUPS, LLC**

Certificate of Status	0
Certified Copy	1
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**CLARA GIRALDO E.A.**  
**4080 SW 84 AVENUE SUITE C**  
**MIAMI, FL 33155**  
**PH.: (305) 485-9300**

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**  
**OF**

**UNLIMITED SALES GROUPS, LLC**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**UNLIMITED SALES GROUPS, LLC**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**13011 NW 1<sup>ST</sup> ST BLDG 7 APT 202**  
**PEMBROKE PINES, FL. 33028**

The mailing address shall be:

**13011 NW 1<sup>ST</sup> ST BLDG 7 APT 202**  
**PEMBROKE PINES, FL. 33028**

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

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

**GUSTAVO R. APONTE**

**13011 NW 1<sup>ST</sup> ST BLDG 7 APT 202**  
Florida Street address (P.O.BOX NOT acceptable)  
**PEMBROKE PINES, FL. 33028**  
City, State, and Zip

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**CLARA GIRALDO E.A.**  
**4080 SW 84 AVENUE SUITE C**  
**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.

**GUSTAVO R. APONTE**  
**13011 NW 1<sup>ST</sup> ST BLDG 7 APT 202**  
**PEMBROKE PINES, FL. 33028**

**MANAGER**

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\_\_\_\_\_  
**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.)

**GUSTAVO R. APONTE**  
Typed or printed name of signee