

L20000105470

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.

((H20000114830 3)))



H200001148303ABCT

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 : R&P ACCOUNTING AND TAXES INC
Account Number : I20170000090
Phone : (305)358-1310
Fax Number : (305)503-6701

2020 APR 20 PM 1:02

URGENT
FAX
COPIES

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. THE SELF SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

APR 21 2020

T. SCOTT

Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE I

The name of the Limited Liability Company and Effective day is:

THE SELF SOLUTIONS LLC

*(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation
"LLC," or "L.C.,")*

ARTICLE II

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

Principal Office Address
714 HOLMES ST NW APT B
ATLANTA, GA 30318

Mailing Address
714 HOLMES ST NW APT B
ATLANTA, FL 30318

2020 APR 20 AM 9:12

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 Florida registration.)

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

R&P ACCOUNTING & TAXES, INC

Name

150 SE 2ND AVENUE SUITE # 404

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

MIAMI, FL. 33131

FL City, State, and 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

X

Registered Agent's Signature (REQUIRED)

ARTICLE IV

MGR=Manager(s) or AMBR= AUTHORIZED Member(s):

The name and address of each Person authorized to manage and control the Limited Liability Company:

Title:

***KARLA DANIELA RINCON CARABALLO
714 HOLMES ST NW APT B
ATLANTA, GA 30318***

AUTHORIZED MEMBER

***JUAN CARLOS RINCON BLANCO
714 HOLMES ST NW APT B
ATLANTA, GA 30318***

MANAGER

***JOEL ALEJANDRO TOVAR RAMOS
714 HOLMES ST NW APT B
ATLANTA, GA 30318***

MANAGER

ARTICLE V

*Effective date, if other than the date of filing (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five
business days prior to or 90 days after the date of filing.*

REQUIRED: SIGNATURE

X Karla Rincon
Signature of a member or an authorized representative of a member.
KARLA DANIELA RINCON CARABALLO

*(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.)*

ARTICLE VI

*The Florida Limited Liability Company will engage in any activity or business permitted
under the laws of the State of Florida and the United States of America.*

The main objective of the company is: JANITORIAL & DESINFECTING SERVICES