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To:

Division of Corporations

Fax Number

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From:

Account Name : ULLOA & COMPANY PROFESSIONAL ASSOCIATION

Account Number : I20190000086

: (305)275-1300

: (888)653-6564 Fax **N**umber

JUN 0 9 2020

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

Email Address: info@ulloacompany.com

# FLORIDA LIMITED LIABILITY CO.

# John Evans Solutions LLC

Certificate of Status	0
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Page Count	03
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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

John Evans Solutions LLC

(Must conatin the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

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

rrincipal Quice Augress:	Manife Address:		
18856 SW 351 Street	18856 SW 351 Street		
Homestead, FL 33034	Homestead, FL 33034		

## 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.

Ulloa and Company	Professional Associ	ation
	Name	
14050 SW 84 Street.	Suite 104	
Florida street addres	s (P.O. Box <u><b>NOT</b></u> ac	cceptable)
Miami	FL	33183
City	State	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...

06/08/2020

Registered/Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV- The name and address of each perso	n authorized to manage and control the Limited Liability Company;
Title:	Name and Address:

	Title:	Name and Address:		
	"AMBR" = Authorized Member			
	"MGR" = Manager			
	AMBR_ MGR	John Evans		
		18856 SW 351 Street Homestead, FL 33034	<del></del>	
		Homestend, I D 2000	<del></del>	
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	(tise attachment if necessary)			
ART	CLEV: Effective date, if other than	the date of filing: (OPTIONAL)		
		st be specific and cannot be more than five business days prior to		lter
the d	nte of filing.)		_	
		es not meet the applicable statutory filing requirements, this date wi	Il not be liste	ed as
the d	ocument's effective date on the Depa	artment of State's records		
4 D71	CLEVI: Other provisions, if any.			
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	REQUIRED SIGNATURE:	\		
		AND MA		
		10000000		
		in a member or an authorized representative of a member. s executed in accordance with section 605,0203 (1) (b), Florida State	utas	
	i nis document i	s executed in accordance with section 005,0205 (1) (b), Florida Maii	ares	

This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817,155, F.S.

John Evans, Managing member

Typed or printed name of signee

### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
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