

L20000183956

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.

((H20000211573 3)))



H200002115733ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

2020 JUL -8 AM 7:53

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 JUL -8 PM 1:24

FILED

****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. CCS REPRESENTATIVES LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

JUL 09 2020

T. SCOTT



July 7, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: CCS REPRESENTATIVES LLC
REF: W20000069732

We have received your document for CCS REPRESENTATIVES LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own registered agent. Please designate the individual whose typed signature appears on the registered agent signature line.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

WILLIAM LAWRENCE
Regulatory Specialist II

FAX Aud. #: H20000211573
Letter Number: 920A00013212

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "LLC," or "LLC.")*

CCS REPRESENTATIVES LLC

ARTICLE II - Address:

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

2020 NE 163 ST SUITE 300D

MIAMI, FL 33162

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

CONSULTING & SERVICE SOLUTION CORP

2020 NE 163 ST 300D

MIAMI, FL 33162

ARTICLE IV:

The name and title of each person authorized to manage and control the Limited Liability Company:

CESAR SHLAIN - MANAGER

DUVIS CAROLINA GONZALEZ - MANAGER

FILED
2020 JUL - 8 PM 1:24
CLERK OF STATE
TALLAHASSEE, FLORIDA

Required Signatures:

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. 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 s.817.155, F.S.

CESAR SHLAIN
Typed or printed name of signee

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 (REQUIRED)