LAZARUS CORPORATE

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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FLORIDA LIMITED LIABILITY CO. GSTANZ SOLUTIONS LLC

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

J. FASON

AUG 18 2020

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	E I - Name: e of the Limited Liability Company is:
	GSTANZ SOLUTIONS LLC
	E II - Address: ing address and street address of the principal office of the Limited Liability y is:
	10773 NW 58 ST STE 334
	10773 NW 58 # ST STE 334 DOML, FL 33178
The nar	LE III - Registered Agent, Registered Office: ne and the Florida street address of the registered agent are: (The Livited Liability annot serve as its own Registered Agent. You must designate an individual or another business entity in Florida registration.) CASPAR STANZIOA 10713 NW 58th 57 51£ 334 DOMM, FL 33178
	10773 NW 58th ST STE 334
	Donal, FE 33178
ARTIO The na Liabili	TLE IV me and title of each person authorized to manage and control the Limited ty Company: (MGR of AMBR) AHBL
	GASPAR STANZIO/A
-	

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.

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..

gent/s Signature (REQUIRED)

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