

L210000 86471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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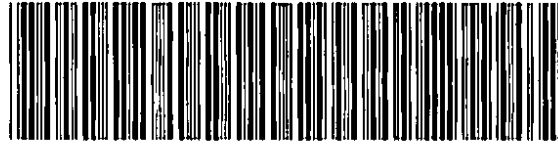
(Business Entity Name)

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**CORPORATE
ACCESS,
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Solutions Now LLC

(CORPORATE NAME AND DOCUMENT #)

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(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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

ARTICLE I - Name:

The name of the Limited Liability Company is:
SOLUTIONS NOW, LLC

ARTICLE II - Address:

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

Principal Office Address:

**9000 SHERIDAN STREET
SUITE 138
PEMBROKE PINES, FL 33024**

Mailing Address:

**9000 SHERIDAN STREET
SUITE 138
PEMBROKE PINES, FL 33024**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

**HECTOR RICARDO CAIF
2525 SW 3 AVE #1109
MIAMI, FL 33129**

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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

(CONTINUED)

ARTICLE IV- Members/Managers

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

V.C. GOALS, LLC
9000 SHERIDAN STREET
SUITE 138
PEMBROKE PINES, FL 33024

AMBR

ALL SOLUTIONS CONSTRUCTIONS, LLC
865 SW 6TH STREET
HALLANDALE BEACH, FL 33009

MGR

HECTOR RICARDO CAIF
2525 SW 3 AVE #1109
MIAMI, FL 33129

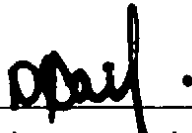
MGR

JUAN JOSE FERRIOL
865 SW 6TH STREET
HALLANDALE BEACH, FL 33009

ARTICLE V: EFFECTIVE DATE

The effective date of this filing is February 26, 2021.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

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 s.817.155, F.S.

HECTOR RICARDO CAIF

Typed or printed name of signee