## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:		틳
	Division of Corporations	1
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From:		
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	
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## FLORIDA LIMITED LIABILITY CO. DY SMART SOLUTION LLC

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

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2021 MAR -3 PM 3: 4-1

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ARTICLES OF ORGANIZATION	200
FLORIDA LIMITED LIABILITY COMPANY	2021 H302
ARTICLE I - Name: The name of the Limited Liability Company is:	<u>.</u>
Smart Solution CLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liabil Company is:	
18 Sul street Limited Liabil	ity
18 SW 8th st apt #1, Hallandale Beach FL	33009
	-
ADTTO	
ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: (The Limited Liability with an active Florida registration.)	,
Dariel Rodriquez de Armes.	
18 SW 8th St Apt #1, Hallandare Bar	ach
FI 33004	
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)	
Dariel Addriguez de Armas (AMBA)  Yaneisis Alina Menendez Ortiz (AMBA)	
- Yaneisis Alina Harandez Ortiz (AMBR)	
	<del></del> _

## 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.

Dariel Rodriguez de frmas
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)