

Florida Department of State

Division of Corporations

Division of Corporations

L21000101455

Note: Please print this page and type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000097690 3)))



H210000976903ABC1

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

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

From: Account Name : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845) 425-0077
Fax Number : (845) 818-3588

FILED
2021 MAR 10 PM 3:50
3/10/21
RECEIVED
2021 MAR 10 PM 3:22
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

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.

Compliance Assistance LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

3/10/2021 12:36 AM FROM: Staples

TO: +18458183588 P. 1

H21000097690 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Compliance Assistance LLC

(Must contain 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:

Principal Office Address:

Mailing Address:

2222 SW 57th Terrace, Suite 1
West Park, FL 33023

2222 SW 57th Ter, Suite 1
West Park, FL 33023

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.)

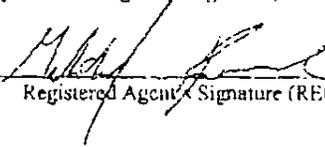
The name and the Florida street address of the registered agent are:

Mikhail Bencosme
Name

2222 SW 57th Terrace, Suite 1
Florida street address (P.O. Box **NOT** acceptable)

West Park FL 33023
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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2021 MAR 10 PM 3:50
STATE
OF FLORIDA

H21000097690 3

3/10/2021 12:36 AM FROM: Staples

TO: +18458183588 P. 2

H21000097690 3

ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager
MGR

Name and Address:

Mikhail Bencosme
2222 SW 57th Terrace, Suite 1
West Park, FL 33023

Blank lines for additional authorized members.

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

Blank lines for other provisions.

REQUIRED SIGNATURE:

Handwritten signature of Mikhail Bencosme.

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.

Mikhail Bencosme
Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

FILED
2021 MAR 10 PM 3:50
STATE OF FLORIDA