## Electronic Filing Cover Sheet

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(((H21000120772 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6361

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : 120189606011 Phone : (844)386-0178 : (214)317-4754 Fax Number

> \*\*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.

All Florida Notary Group LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

To: 18506176381 From: 14693173436 Date: 03/25/21 Time: 10:39 AM Page: 02/03

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compan	ıy is:		(((H21000120772 3)))
All Florida Notary Group LLC			
(Must contain the wo	rds "Limited Liability C	ompany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of t	he principal office of the	Limited Liability Company is	ĸ
Principal Office	Address:	Mailing A	address:
3191 Coral Way, Suite 106		3191 Coral Way, Suite 10	)6
Miami, FL 33145		Miami, FL 33145	
	rida registration.)  The registered agent are		n individual or
Miami	FL	33145	<del>-</del>
	City Stat	e Zip	
Having been named as registered agent and place designated in this certificate, I hereby further agree to comply with the provisions of am familiar with and accept the obligations of the configurations of the configurati	accept the appointment a of all statutes relating to to of my position as register Registered Agen	s registered agent and agree to he proper and complete perfor	) act in this capacity. I mance of my duties, and I

(((H210001207723)))

2021 HAR 25 AM 11: 52

## (((H21000120772 3)))

ARTICLE IV-

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
MGR	George S. Zamora 3191 Coral Way Suite 106		
MGR	Miami, Fl. 33145  ClaudiaRubio 3191 Coral Way Suite 106		
	Miami, FL 33145		
ffective date is listed, the date must be s	te of filing: (OPTIO OPTIO	NAL) ior to or 90 da	ays a
LE. V: Effective date, if other than the dat ffective date is listed, the date must be see of filing.) If the date inserted in this block does not cument's effective date on the Department	pecific and cannot be more than five business days princet the applicable statutory filing requirements, this c	10r to or 90 da	
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T.F. V: Effective date, if other than the date ffective date is listed, the date must be set of filing.)  If the date inserted in this block does not nument's effective date on the Department. T.E. VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a rather than any fairness and fairness are than any fairness are t	meet the applicable statutory filing requirements, this can of State's records.  nember or an authorized representative of a member outed in accordance with section 605.0203 (1) (b), Floricise information submitted in a document to the Department.	late will not be r. da Statutes. ent of State	e liste
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