L21000131591

	(Requ	estor's Name)	
	(Addre	ess)	· ·	
	(Addr	ess)	_	
	(City/S	State/Zip/Phor	ne #)	
☐ PICK-J	,	TIAW [<u> </u>	MAIL
	(Busii	ness Entity Na	ime)	
	(Docı	ment Number	r)	
Certified Copies		Certificate	es of Status	
Special Instruction	s to Fi	ling Officer:		

; Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	03/30/2021		
	Chris Vick	_	
	1348686	_	
Entity Nai	me:ON SITE GLOE	AL SOLUTIONS, LLC	
✓ Art	ticles of Incorporation/Authorization	to Transact Business	
Am	nendment		
Change of Agent			
Reinstatement			
Conversion			
Merger			
☐ Dissolution/Withdrawal			
Fictitious Name			
Oti	her		
Authorize Signature	d Amount:		



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	03/30/2021		
Name:		<u> </u>	
	#:1348686		
Entity Nam	ne: ON SITE GLO	BAL SOLUTIONS, LLC	
☑ Artio	cles of Incorporation/Authorizatio	n to Transact Business	
Ame	endment		
☐ Cha	ange of Agent		
☐ Rei	nstatement		
Conversion			
Merger Merger			
☐ Dissolution/Withdrawal			
Fictitious Name			
☐ Oth	er		
Authorized Signature:	Value		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

, LLC			
he words "Limited	Liability Comp	any, "L.L.C.," or "LLC.")	
ss of the principal c	office of the Lin	nited Liability Company is:	
Principal Office Address:		Mailing Address:	
I Alhambra Plaza Suite 1410		1 Alhambra Plaza Suite 1410	
-		Coral Gables, FL 33134	
lorida street addres	ss (P.O. Box <u>NC</u>	II acceptable)	
oral Gables	FL	33134	
City	State	Zip	
reby accept the app ions of all statutes r	oointment as reg relating to the pr	r the above stated limited liability company at istered agent and agree to act in this capacity, oper and complete performance of my duties, agent as provided for in Chapter 605, F.S	
	he words "Limited ss of the principal of the principal of the principal of the Address: 410 Registered Office, not serve as its own e Florida registered css of the registered nettle Yelin, Esquir Alhambra Plaza Storida street address oral Gables	he words "Limited Liability Composes of the principal office of the Linguister Address: 410 Registered Office, & Registered Agreed and serve as its own Registered Agree Florida registration.) css of the registered agent are: nette Yelin, Esquire Name Alhambra Plaza Suite 1410 lorida street address (P.O. Box NC	

(CONTINUED)

ARTICLE IV-

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	
MGR	Nicholas Pape
MCIK	1 Alhambra Plaza Suite 1410
	Coral Gables, Florida 33134
	
(Use attachment if necessary)	
•	
ARTICLE V: Effective date, if other than the date	te of filing: (OPTIONAL)
	ecific and cannot be more than five business days prior to or 90 days after
he date of filing.) Note: If the date inserted in this block does not n	neet the applicable statutory filing requirements, this date will not be listed a
he document's effective date on the Department	
·	5. State 6. 1445.46.
ARTICLE VI: Other provisions, if any.	
	
· · · · · · · · · · · · · · · · · · ·	
REQUIRED SIGNATURE:	
	1 4 100.00
	Anette Gelin
Signature of a me	ember or an authorized representative of a member. sed in accordance with section 605.0203 (1) (b), Florida Statutes.
	e information submitted in a document to the Department of State
	e felony as provided for in s.817.155, F.S.
	Anette Yelin
	Typed or printed name of signee
	t yped of printed name of signee

as

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)