4/27/2021

Division of Corporations

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## FLORIDA LIMITED LIABILITY CO. ADMINISTRATION AND ASSISTANTS OFFICE LLC

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From: Yanet Avila



April 30, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

EXPRESS

SUBJECT: ADMINISTRATION AND ASSISTANTS OFFICE LLC

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

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FAX Aud. #: H21000167673 Tammi Cline

Regulatory Specialist II Supervisor Letter Number: 221A00009007

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Administration and Assistants Office LLC

(Must end with the words "Limited Liability Company, "L.L.C." or "LIC!")

ARTICLE II - Address:

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

Principal Office Address:	wining Andress:
13499 Biscount Blvd.	13499 Byscauce Blud
CNITE T-3	Soito 773
South High 7 L 33181	VOOL HIGHT F. 33131

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:

BRANCEOL SERVICES L. L. C.

Name

13499 Poissea 4ND Blvd. Sta T-3

Florida street address (P.O. Box NOT acceptable)

North Manif. FL 33181

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)

Page Lor 2

-Page: 5 of 5

<u>'itle:</u> AMBR* = Authorized Member	Name and Address:
MGR" = Munager	Francis Tippito 13499 Biscourse And 13 Math Mome, FC 33701
MGB	Andrea Andrade Bygg Biscape Block +3 North ruani H 33181
Jse attachment if necessary)	
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