To: 18506176381

From: Yanet Avila

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H210001987963)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name: : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

: (305)444-4994

Fax Number

: (305)444-4977

**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. VERSATILE SERVICES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

	Versat	ile Services, LLC	
(Must end w			ny, "L.LC.," or "LLC.")
ARTICLE II - Address:			·
The mailing address and street ad-	dress of the principal c	office of the Limite	ed Liability Company is:
Principa	l Office Address:		Mailing Address:
1005 E North S	treet		1005 E North Street
			1005 15 HOLLI SHEEL
The Limited Liability Company o	it, Registered Office,	Registered Agent	Tampe, FL 33604
ARTICLE III - Registered Ager	nt, Registered Office, annot serve as its own tive Flerida registratio	Registered Agent	Tampa, FL 33604 ent's Signature;
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	nt, Registered Office, annot serve as its own tive Flerida registration	Registered Agent	Tampa, FL 33604 ent's Signature;
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	nt, Registered Office, annot serve as its own tive Flerida registration	Registered Agent on.) Lagent are:	Tampa, FL 33604 ent's Signature;
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	nt, Registered Office, cannot serve as its own ctive Flerida registration ddress of the registered Schuen	Registered Agent on.) Lagent are: t Law Group	Tampa, FL 33604 ent's Signature; . You must designate an individual:
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	nt, Registered Office, cannot serve as its own ctive Flerida registration ddress of the registered Schuen	Registered Agent on.) Lagent arc: t Law Group Name 113th Street, Suite	Tampa, FL 33604 ent's Signature; . You must designate an individual a
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	nt, Registered Office, cannot serve as its own nive Flerida registration ddress of the registered Schuen 8200 -	Registered Agent on.) Lagent arc: t Law Group Name 113th Street, Suite	Tampa, FL 33604 ent's Signature; . You must designate an individual a

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 603, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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Page: 4 of 4

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Augel Florenciani
	1005 F. North Street
	Tampa, FL 33604
AMBR	Rosa Florenciani
	1005 E North Street
	Tainpa, FL 33604
(Use attachment if necessary)	
(Osc attachment it necessary)	
	e of filing:, (OPTIONAL)
effective date is listed, the date must be spate of filing.) If the date inserted in this block does not recument's effective date on the Department	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be lis
effective date is listed, the date must be spate of filing.) If the date inserted in this block does not recument's effective date on the Department	meet the applicable statutory filing requirements, this date will not be list of State's records.
effective date is listed, the date must be spate of filing.) If the date inserted in this block does not recument's effective date on the Department ICLE VI: Other provisions, if any. REQUEED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be list of State's records.
effective date is listed, the date must be spate of filing.) If the date inserted in this block does not recument's effective date on the Department ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a many This document is executed any aware that any fals	meet the applicable statutory filing requirements, this date will not be list of State's records.
effective date is listed, the date must be spate of filing.) If the date inserted in this block does not recomment's effective date on the Department ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a many many many many many many many ma	meet the applicable statutory filing requirements, this date will not be list of State's records. Manual Manual Lember or an authorized representative of a member, atted in accordance with section 605.0203 (1) (b), Florida Statutes, are information submitted in a document to the Department of State

S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)