## Florida Department of State

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## FLORIDA LIMITED LIABILITY CO. **BAZZON INVESTMENTS LLC**

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Corporate Filing Menu

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Company is:		
BAZZON INVEST			
(Must con	tain the words "Limited	Liability Comp	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal	office of the Lir	mited Liability Company is:
Princip	al Office Address:		Mailing Address:
8060 SW 159 PLAC	Œ		8060 SW 159 PLACE
MIAMI FL 33193			MIAMI FL 33193
	OPTIMUS SOLUTI	Name	RISES INC
	Florida street addres		OT accentable)
	МІАМІ	PL.	33193
	City	State	Zip
place designated in this certificate, further agree to comply with the pi	. I hereby accept the app rovisions of all statutes r	pointment as reg elating to the pr as registered as	or the above stated limited liability company at the sistered agent and agree to act in this capacity. It roper and complete performance of my duties, and gent as provided for in Chapter 605, F.S  ignature (REQUIRED)

<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized Member	
MGR" = Manager	
MGR	ESPERANZA PINZON
	8060 SW 159 PLACE
	MIAM1 FL 33193
MGR	MARCO BAEZ
	8060 SW 159 PLACE MIAMI FL 13193
	NOVIOLE 13603
· · · · · · · · · · · · · · · · · · ·	
EV: Effective date, if other than t	the date of filing: MAY-17-2021 (OFTIONAL)  It be specific and cannot be more than five business days prior to or 90
ective date is listed, the date must of filing.) the date inserted in this block do ment's effective date on the Deps	it be specific and cannot be more than five business days prior to or 90 es not meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than tective date is listed, the date must filling.) the date inserted in this block do	it be specific and cannot be more than five business days prior to or 90 es not meet the applicable statutory filing requirements, this date will no
E V: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block do ment's effective date on the Deps E VI: Other provisions, if any.  REQUIRED SIGNATURE:	es not meet the applicable statutory filing requirements, this date will nourtment of State's records.
E V: Effective date, if other than tective date is listed, the date must filling.) the date inserted in this block do nent's effective date on the Department of the Departmen	it be specific and cannot be more than five business days prior to or 90 es not meet the applicable statutory filing requirements, this date will no
E V: Effective date, if other than tective date is listed, the date must filling.) the date inserted in this block do nent's effective date on the Depa E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature This document is a may a ware that a constitutes a thir	of a mamber of an authorized representative of a member.  s executed in expordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State.

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