

L21000372099Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H21000310740 3)))



H210003107403ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6181

From:

Account Name : CLARA GIRALDO ENROLLED AGENT
Account Number : I19990000017
Phone : (305) 485-9100
Fax Number : (305) 485-1096

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.
INFORMATA GLOBAL SERVICES, LLC.

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

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)2021 AUG 18 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

2021 AUG 18 PM 3:29

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF**

INFORMATATA GLOBAL SERVICES, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

INFORMATATA GLOBAL SERVICES, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**15397 SW 40TH ST
DAVIE, FL. 33331**

The mailing address shall be:

**15397 SW 40TH ST
DAVIE, FL. 33331**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

ANGELA M. PAREDES

15397 SW 40TH ST
Florida Street address (P.O.BOX NOT acceptable)
DAVIE, FL. 33331
City, State, and Zip

FILED
2021 AUG 18 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FL

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..

ANGELA PAREDES
REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

ANGELA M. PAREDES
15397 SW 40TH ST
DAVIE, FL. 33331

MANAGER

ANGELA PAREDES
Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ANGELA M. PAREDES
Typed or printed name of signer