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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : CORPOLICENSE, INC
Account Number : I20050000118
Phone : (305)774-9606
Fax Number : (305)774-9660

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: L.gutierrez29917@gmail.com

**FLORIDA LIMITED LIABILITY CO.
ARSA SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

T. SCOTT

MAR - 8 2022

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
OF
ARSA SOLUTIONS, LLC**

ARTICLE I - NAME:

The name of the Limited Liability Company is:

ARSA SOLUTIONS, LLC

ARTICLE II - ADDRESS:

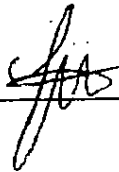
The mailing and principal address of the Limited Liability Company is:

**2716 NW 23rd Court
Miami, FL 33142**

**ARTICLE III - Registered Agent, Registered Office, & Registered
Agent's Signature:**

The Registered Agent designated is: **LEA GUTIERREZ**

**LEA GUTIERREZ
2716 NW 23rd Court
Miami, FL 33142**



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.

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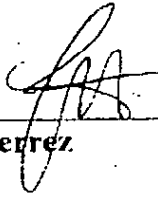
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ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

TITLE: **NAME AND ADDRESS**

MGR **LEA GUTIERREZ**
 2716 NW 23rd Court
 Miami, FL 33142



Lea Gutierrez
Manager

(In accordance with section 605.0201, Florida Statutes,
The execution of this document constitutes an affirmation under
The penalties of perjury that the facts stated herein are true)

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