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

From:  
Account Name : GLOBAL SUCCESS INVESTMENTS LLC  
Account Number : 1282000000016  
Phone : (954)983-4036  
Fax Number : (954)246-0348

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

Email Address: nathaly.cuarter@aircineinc.net

FLORIDA LIMITED LIABILITY CO.  
MACH INVESTMENTS LLC

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

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2022 MAR 17 AM 9:06  
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March 5, 2022

FLORIDA DEPARTMENT OF STATE

Division of Corporations

GLOBAL SUCCESS INVESTMENTS

SUBJECT: MACH INVESTMENTS LLC  
REF: W22000028640

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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.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is P94000075074.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tammi Cline

Regulatory Specialist II Supervisor

FAX Aud. #: E22000082543

Letter Number: 022A00005370

## COVER LETTER

TO: **New Filing Section  
Division of Corporations**

SUBJECT: **MACH CONSULTING SOLUTIONS LLC  
Name of Limited Liability Company**

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**MILVIO ANTONIO CUARTAS**

**Name of Person**

**MACH CONSULTING SOLUTIONS LLC**

**Firm/Company**

**12555 ORANGE DRIVE SUITE 265**

**Address**

**DAVIE, FL, 33330**

**City/State and Zip Code**

**nathaly.cuartas@taxcareinc.com**

**E-mail address: (to be used for future annual report notification)**

For further information concerning this matter, please call:

Oscar Gualdrón	954	906 9940
at (	)	
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

MACH CONSULTING SOLUTIONS LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

Principal Office Address:12555 ORANGE DRIVE SUITE 265  
DAVIE, FL, 33330Mailing Address:12555 ORANGE DRIVE SUITE 265  
DAVIE, FL, 33330**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:

MILVIO CUARTAS

Name

12555 ORANGE DRIVE SUITE 265Florida street address (P.O. Box NOT acceptable)DAVIE FL 33330  
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.*

Milvio Cuartas

Registered Agent's Signature (REQUIRED)

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**ARTICLE IV.**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member  
"MGR" = Manager

**Name and Address:**AMBRMilvio Cuartas12555 Orange Dr. Ste 265  
Davie, FL. 33330AMBROscar M Gualdron12555 Orange Dr. Ste 265  
Davie, FL. 33330

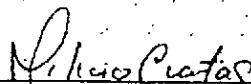
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Milvio Cuartas

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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