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.

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To:

Division of Corporations

Fax Number

: (859)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

\*\*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. DMEKK SERVICE-SOLUTION LLC

| Estimated Charge      | \$130.00 |  |
|-----------------------|----------|--|
| Page Count            | 03       |  |
| Certified Copy        | 0        |  |
| Certificate of Status | 1        |  |

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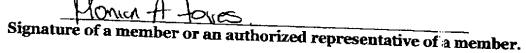
## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| 2022 HAR |
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| 8-8      |
| PM       |
| 7:       |
| 39       |

ARTICLE I - Name:

| The name of the Limited Liability Company is:  |
|--|
| ARTICLE II Add Service - Solution 420  |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  |
| 6225 SW Kendale lakes Cr APart: D162 33183<br>High. Florida.   |
| Man + Dirda  |
|  |
| ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: (The Limite i Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity.) |
| MONICA ASTRIB TORRES   |
| OZZS SU KENSALE LAKES CIP  |
| SPART: D162 MIAMI FL 33183   |
| ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)   |
| Monica Astrid Torres (AMBR)  |
|  |
|  |
|  |

## Required Signatures:



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. 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.

Honica Astrid Tones
Typed or printed name of signee

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 here by 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..

Registered Agent's Signature (REOUIRED)

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