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Division of Corporations

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FLORIDA LIMITED LIABILITY CO.  
TRUSTEE SOLUTIONS LLC

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March 17, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

EXPRESS

SUBJECT: TRUSTEE SOLUTIONS LLC  
REF: W220000355242022 MAR 18 AM 9:30  
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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.

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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. #: H22000100110  
Letter Number: 422A00006436

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

The name of the Limited Liability Company is:

TRUSTEE SOLUTIONS BY ARTURO 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:Mailing Address:1250 E HALLANDALE BEACH BLVD  
STE 1002  
HALLANDALE BEACH, FL 33009SAME**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:

ARTURO DIAZ SR

Name

1250 E HALLANDALE BEACH BLVD STE 1002Florida street address (P.O. Box **NOT** acceptable)HALLANDALE BEACH FL 33009

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.*

Verified by pdfFiller

Arturo Diaz

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FALLAH, SHELLEY  
TALLAHASSEE, FL 32309

**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:**

AMBR

ARTURO DIAZ SR

1250 E HALLANDALE BEACH BLVD STE 1002

HALLANDALE BEACH, FL 33009

(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:**

Verified by pdfFiller

*Arturo Diaz*

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.

ARTURO DIAZ SR

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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