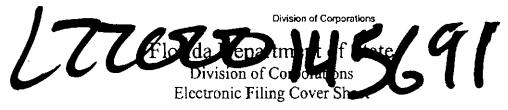
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# FLORIDA LIMITED LIABILITY CO. IV SOLUTION FUSION LLC

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

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### AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

#### IV SOLUTION FUSION 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:		
8580 SW 124th STREET	8580 SW 124th STREET		
MIAMI, FL 33156	MIAMI, FL 33156		

## 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:

BROOKS ROY S	ANCHEZ	
	Name	-
8580 SW 124th S	TREET	
Florida street add	ress (P.O. Box <u>NOT</u> ac	cceptable)
MIAMI	FL	33156
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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)

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Page: 4 of 4

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	BROOKS ROY SANCHEZ 8580 SW 124th STREET
	MIAMI. FL 33156
AMBR	YAMIL PADILLA ATILES
	8580 SW 124tf1 ST MIAMI, FL 33156
	•
(Use attachment if necessary)	
	te of filing: (OPTIONAL)
the date of filing.)	pecific and cannot be more than five business days prior to or 90 days afte
Note: If the date inserted in this block does not the document's effective date on the Departmen	meet the applicable statutory filing requirements, this date will not be listed at of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURES	
Signature of a n	nember or an authorized representative of a member.
	suted 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.

YAMIL PADILLA ATILES

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)

