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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : GM FINANCIAL GROUP LIMITED, INC.

Account Number : I19980000102

Phone

: (954)428-8899

Fax Number

: (954)428-6699

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

FLORIDA LIMITED LIABILITY CO. MSP CONSULTING SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

MSP CONSULTING SERVICES 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:
1603 NW 81ST AVE	
CORAL SPRINGS, FL 33071	

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:

MONICA PULIDO		
	Name	· · · · · · · · · · · · · · · · ·
1603 NW 81ST AVE		
Florida street address (P.O. Box <u>NOT</u> ac	cceptable)
CORAL SPRINGS	FL	33071
City	State	Zio

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. Lefurther 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 (REQUIRED)

(CONTINUED)

2022 HAY 19 PH 1:5

ARTICLE IV-

"AMBR" = Authorized Member "MGR" = Manager AMBR
AMBR MONICA PULIDO
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:
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LE VI: Other provisions, if any.
LE VI: Other provisions, if any.
DECHIDED CICNATURE.
REQUIRED SIGNATURE:
Signature of a member or an authorized representative of a member.
The state of a manufactor an authorized representative of a includer.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statute's
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
This document is executed in accordance with section 605.0203 (1) (b), Florida Statute's

Filing Fees:

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

- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)