6/10/22, 4:49 PM

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC Account Number : I20170000097 Phone : (727)279-5037 Fax Number : (727)888-1294

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

Email Address:

Andre.caprio@gmail.com

FLORIDA LIMITED LIABILITY CO.

AA Technology Solutions, LLC

<u> </u>	
Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00



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Corporate Filing Menu

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COVER LETTER

Friday, June 10, 2022

To: New Filing Section
Division of Corporations

Subject:

AA Technology 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:

FL Patel Law PLLC

360 Central Avenue 8th Floor St. Petersburg, Florida 33701 Fax: 727-888-1294

For further information concerning this matter, please call or e-mail: Ada Reyes 727-279-5037 or e-mail at Support@flpatellaw.com

Enclosed is our fax filing coversheet for \$160 for Filing Fee, Certificate of Status, & Certified Copy

FL Patel Law PLLC

ARTICLES OF ORGANIZATION

FOR

AA TECHNOLOGY SOLUTIONS, LLC

A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. Name

The name of the Limited Liability Company is: AA Technology Solutions, LLC (the "Company").

The principal office and mailing address of the Company is:

255 S Orange Avenue Suite 104 PMB 1238

The name and the Florida Street Address of the Registered Agent are:

Orlando, FL 32801

ARTICLE III.

Registered Agent, Registered Office, & Registered Agent's Signature
and the Florida Street Address of the Registered Agent are:

FLP RA Services LLC
360 Central Avenue Suite 800 Saint Petersburg, FL 33701

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.



ARTICLE IV. Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	Name and Address
AMBR = Authorized Member MGR = Manager	
MGR	Abdallah Bensalem 255 S Orange Avenue Suite 104 PMB 1238 Orlando, FL 32801
MGR	Andre Silva 255 S Orange Avenue Suite 104 PMB 1238 Orlando, FL 32801

ARTICLE V.

The Effective date shall be the date of filing.

(sign)

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.

Andre Silva
Authorized Representative/Member