

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.

(((H22000273506 3)))



H220002735063ABC

ľo:						
	Division of Co	orations			855 <u>5</u>	_
	Fax Number	(850)617-6381			F-355	22
					7885	=
From:					뭐~~	=
	Account Name	EXPRESS CORPORA	ATE FILING	SERVICE INC.	<u> </u>	-
	Account Number	120000000146			<i>7</i>	•
	Phone	(305)444-4994				
	Fax Number	(305)328-4774				
anr	the email addres nual report mail		-			

FLORIDA LIMITED LIABILITY CO. REMOTE EXCELLENCE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

T. SCOTT AUG 1 2 2022

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

REMOTE EXCELL	ENCE LLC		
(Must cont	tain the words "Limited Li	ability Company	"L.L,C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street a	ddress of the principal off	ice of the Limited	l Liability Company is:
Princip	al Office Address:		Mailing Address:
323 Sunny Isles Blv	· · · · · · · · · · · · · · · · · · ·	177	Sunny Isles Blvd., 7th Floor
	<u> </u>		
Sunny Isles, FL 3310	60	<u> Şur</u>	iny Isles, FL 33160
ARTICLE III - Registered Ag The Limited Liability Company	ent, Registered Office, &	Registered Age	
ARTICLE III - Registered Ag	ent, Registered Office, & y cannot serve as its own R active Florida registration.	Registered Age (egistered Agent.	nt's Signature:
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	ent, Registered Office, & y cannot serve as its own R active Florida registration.	Registered Age (egistered Agent.	nt's Signature:
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	ent, Registered Office, & cannot serve as its own R active Florida registration. address of the registered a	Registered Age (egistered Agent.	nt's Signature:
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	ent, Registered Office, & cannot serve as its own R active Florida registration. address of the registered a	Registered Agent.) egent are:	nt's Signature:
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	ent, Registered Office, & cannot serve as its own R active Florida registration address of the registered a	Registered Agent.) gent are: Name 7th Floor	nt's Signature: You must designate an individual
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	ent, Registered Office, & cannot serve as its own R active Florida registration address of the registered a THE ORG INC.	Registered Agent.) gent are: Name 7th Floor	nt's Signature: You must designate an individual

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.

/s/ John Aaron
Registred Agent's Signature (REQUIRED)

(CONTINUED)

2022 AUG 11 AM 11: 20 FRANCHISING DIVISION OF CORPORATIONS

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" - Authorized Member "MGR" - Manager THE ORG INC. 323 Sunny Isles Blyd., 7th Floor AMBR Sunny Isles, FL 33160 (Use attachment if necessary) _. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: ____ (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: s/ John Aaron

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.

JOHN AARON

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)