L22000361596

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(200,000 2,000 4,
(Document Number)
(Bocament Namber)
O Village of Orange
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100392243721

50 F. 70 + 10 (9+737 - 4+127, 00

7122 AUG 18 PH 2:3

CAME 18 BINS: 20

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

172 Ponder's Printing + Thom (skylle: GA 8/00

ACCOUNTING L.	ABS, LLC		-		3. 20 3. 20
			_		
			_		
			1 ,	rt of Inc. File	
			-		
				FD Partnership File	_
				oreign Corp. File	
				ictitious Name File	
			1	rade/Service Mark	
				lerger File	-
			1	rt. of Amend. File	
				A Resignation	-
				issolution / Withdrawal	
				annual Report / Reinstatement	
				ert. Copy	
			1	hoto Copy	
			i	ertificate of Good Standing	
				ertificate of Status	
				Certificate of Fictitious Name	_
				orp Record Search	
				Officer Search	_
				ictitious Search	
<u> </u>				ictitious Owner Search	
Signature				/ehicle Search	
				Oriving Record	
Requested by: SN	0011505		1	ICC 1 or 3 File	
	$\frac{08/17/22}{2}$		ĺ	JCC 11 Search	
Name	Date	Time	[JCC 11 Retrieval	
Walk-In	_ Will Pick Up			Courier	

COVER LETTER

	New Filing Sec Division of Co				دة د ع
SUBJEC		TING LABS, LLC			
SUBJEC		Name of Lir	nited Liabil	ty Company	<u></u> က်
The enclo	sed Articles of	Organization and fee(s) ar	e submitted	for filing.	٦
Please ret	urn all corresp	ondence concerning this ma	atter to the f	ollowing:	
	Matthew P.	Flores			
			Name of	Person	
	Law Office	of Matthew P. Flores			
			Firm/Co	mpany	
	1333 Third	Avenue, Suite 505			
			Addr	ess	
	Naples, Flor	ida 34102			
	matt@naplest		ity/State and	1 Zip Code	
	E	E-mail address: (to be used	for future a	nnual report notificat	ion)
For further i	nformation co	ncerning this matter, please	call:		
	Matthew P. I	Tores 23		261-0592)	
	Nam		rea Code	Daytime Telephor	ne Number
Enclosed i	s a check for th	ne following amount:			
≣\$125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifie	.00 Filing Fee & d Copy l copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailin	o Address		Stroot Addross	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ACCOUNTING LABS, LLC	
(Must contain the words "Limited Liab	ility Company, "L.L.C" or "LLC.")
CTICLE II - Address: e mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
303 Tabor Street	303 Tabor Street
Houston, Texas 77009	Houston, Texas 77009
RTICLE III - Registered Agent, Registered Office, & R he Limited Liability Company cannot serve as its own Regother business entity with an active Florida registration.)	
he Limited Liability Company cannot serve as its own Reg	istered Agent. You must designate an individual or

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.

Florida street address (P.O. Box NOT acceptable)

Florida

State

34102

Zip

1333 Third Avenue S, Suite 505

City

Naples

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = , "MGR" = M	Authorized Member anager	Name and Address:
<u>MGR</u>	-	Stephen Jurgella
		303 Tabor Street
		303 Tabor Street Houston, Texas 77009
MGR		
WICH		Emiliano Basso Dante St. 5204
		Dante St. 5204 Caseros, Buenos Aires, Argentina
		odbews, Bacins Aires, Argentina
		
	ent if necessary)	of this
CLE V: Effective date is ate of filing.) If the date inser	re date, if other than the date listed, the date must be spetted in this block does not make the date on the Department of	of filing:
effective date is ate of filing.) If the date inser- ocument's effection.	re date, if other than the date listed, the date must be spetted in this block does not make date on the Department or rovisions, if any.	ecific and cannot be more than five business days prior to or 90
effective date is ate of filing.) If the date inser- ocument's effection.	re date, if other than the date listed, the date must be spetted in this block does not make the date on the Department of	ecific and cannot be more than five business days prior to or 90
effective date is ate of filing.) If the date inser- ocument's effection.	re date, if other than the date listed, the date must be spetted in this block does not make date on the Department or rovisions, if any. SIGNATURE: Signature of a menuity and aware that any false	ecific and cannot be more than five business days prior to or 90
CLE V: Effective date is te of filing.) If the date insertectment's effection CLE VI: Other p	re date, if other than the date listed, the date must be spetted in this block does not make date on the Department of a revisions, if any. SIGNATURE: Signature of a met This document is executed am aware that any false constitutes a third degree	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
TLE V: Effective flate is e of filing.) If the date inserument's effecti LE VI: Other p	re date, if other than the date listed, the date must be spetted in this block does not make date on the Department of a revisions, if any. SIGNATURE: Signature of a met This document is executed am aware that any false constitutes a third degree	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of Statutes.

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)