# Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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Division of Corporations

Fax Number : (850) 617-6381

Fron:

Account Name : FLL BUSINESS SOLUTION CORP

Account Number : 120190000092 Phone : (754) 202-8663 Fax Number : (756) 636-3620

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

Email Address: FLLBusiness@outlook.com

## FLORIDA LIMITED LIABILITY CO. EASY SUPPLY USA LLC

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	DAVIE, FL.	33324							
	FLLbusiness@	goutlook.com	City/St	ate and	Zip Code				
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For further	information cor	ncerning this matter, pl	ease call:						
	XIANNY CE		754 (	)	202-8663				
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## From: Xianny Chinchilla

#### H22000284327 3

#### AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

#### EASY SUPPLY USA 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:

1557 Canary Island Dr. 1557 Canary Island Dr. Weston, FL. 33327 Weston, FL. 33327

#### 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:

FLL BUSINESS SOLUTION CORP

Name

8350 W State Road 84

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

Florida Davie City State

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 for the performance of my duties, and I am familiar with and accept the obligations of my position as registered gent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

H22000284327 3

To: •

### H22000284327 3

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Authorized Member	J Behnke Consulting Inc 1557 Canary Island Dr Weston, FL. 33327
Authorized Member	Patricio A. Chanes Hielbig 1557 Canary Island Dr Weston, FL. 33327
(Use attachment if necessary)  F.V: Effective date of other than th	e date of filing: 08/22/2022 (OPTION AL)
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