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# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPOLICENSE, INC

Account Number : 120050000118 : (305)774-9606 Phone : (305)774-9660 Fax Number

\*\*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.

ACG ALL SOLUTIONS, LLC

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\$125.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF ACG ALL SOLUTIONS, LLC

#### **ARTICLE I - NAME:**

The name of the Limited Liability Company Is:

#### ACG ALL SOLUTIONS, LLC

#### **ARTICLE II - ADDRESS:**

The mailing and principal address of the Limited Liability Company is:

PRINCIPAL ADDRESS:

12640 Country Club Lane

Miami, FL 33167

# ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The Registered Agent designated is: ANGEL CRUZ

ANGEL CRUZ 12640 Country Club Lane Miami, FL 33167



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.

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#### ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

TITLE:

NAME AND ADDRESS

MGR

ANGEL CRUZ

12640 Country Club Lane

Miami, FL 33167

Angel Cruz

Manager

(In accordance with section 605.0201, Florida Statutes, facts stated herein are true)

H22000 3055 77 The execution of this document constitutes an affirmation under The penalties of perjury that the facts stated herein are true)