

L22000386562
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 : ARIMIR SERVICES GROUP LLC
Account Number : I20200000022
Phone : (305)298-6579
Fax Number : (305)643-5225

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

Email Address: deyanice@mybus.net

FLORIDA LIMITED LIABILITY CO.
SERVISOLUTION LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

2022 SEP -8 AM 10:21

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8/24/22

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SERVISOLUTION 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:

210 NE 45TH OAKLAND PARK
FORT LAUDERDALE, FL 33334

210 NE 45TH OAKLAND PARK
FORT LAUDERDALE, FL 33334

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:

DEYANIRE GONZALEZ

Name

720 E COCO PLUM CIR # 8

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

PLANTATION FLORIDA 33324
City State Zip

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE OF FLORIDA
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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MAURICIO VISBAL REYES
VIA JUAN MINA KILOMETRO 5
BARRANQUILLA-COLOMBIA

MGR

NELSON LOPEZ VISBAL REYES
VIA JUAN MINA KILOMETRO 5
BARRANQUILLA-COLOMBIA

MGR

MAURICIO VISBAL SALAMANCA
VIA JUAN MINA KILOMETRO 5
BARRANQUILLA-COLOMBIA

MGR

INDUSTRIAS METALICAS VISBAL SAS
VIA JUAN MINA KILOMETRO 5
BARRANQUILLA-COLOMBIA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

MAURICIO VISBAL REYES
Typed or printed name of signer

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)

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TALLAHASSEE FLORIDA

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Name and Address:

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MGR = Manager

MGR

NELSON DANIEL VISBAL FERNÁNDEZ

VIA JUAN MINA KILOMETRO 5

BARRANQUILLA, COLOMBIA

LE D

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STATE OF FLORIDA
SHERIFF'S OFFICE

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