9/22/22, 4:46 PM

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HOMSI LAW, P.A. Account Number : I20190000004 Phone : (407)377-5507 Fax Number : (407)377-5967

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

Email Address: William @ *

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FLORIDA LIMITED LIABILITY CO. CALL CONTACT CONFIRM, LLC

Certificate of Status	-; •	: : : : : : : : : : : : : : : : : : :	++,0
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Corporate Filing Menu

Help



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ARTICLES OF ORGANIZATION FOR

CALL CONTACT CONFIRM, LLC

ARTICLE I

The name of the Limited Liability Company is:

CALL CONTACT CONFIRM, LLC

ARTICLE II

The street address of the principal office of the Limited Liability Company is:

6526 OLD BRICK RD., SUITE 120-164 WINDERMERE, FLORIDA 34786

The mailing address of the Limited Liability Company is:

6526 OLD BRICK RD., SUITE 120-164 WINDERMERE, FLORIDA 34786

ARTICLE III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS PURPOSE.

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ARTICLE IV

State of Floral, LLC

State of Floral, LLC

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HOMSI LAW, P.A.

Mailing Address
8815 Conroy-Windermere Road, #402
Orlando, Florida 32835
(407) 377-5507
www.HomsiLaw.com

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ARTICLE V

The name and Florida street address of the registered agent is:

HOMSI LAW, P.A. 8815 CONROY-WINDERMERE ROAD #402 ORLANDO, FLORIDA 32835

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.

Signature of Registered Agent:

William M. Homsi, President

The Members hereby delegate the management of the LLC to Manager(s).

The name and address of persons(s) authorized to manage the LLC:

Operating Manager: FRANCISCO DELVALLE

Address of the Managers and Officers being the same as the Principal Address of the LLC.

Signature of an Authorized Representative:

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[William M. Homsi, Esq.

affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1" and \$12 May 1" in the calendar year following formation of the LEC and every year thereafter to maintain active status.



Mailing Address
8815 Conroy-Windermere Road, #402
Orlando, Florida 32835
(407) 377-5507
www.Homsilaw.com