

C22000414701

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 : AGT REGISTERED AGENTS, INC.  
Account Number : I20000000205  
Phone : (305)416-6800  
Fax Number : (305)416-6811

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

Email Address: josevagi-ra.com

FLORIDA LIMITED LIABILITY CO.  
FIRST RATE PROPERTY SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2022 SEP 23 PM 12:28

22 SEP 23 PM 12:35

Electronic Filing Menu

Corporate Filing Menu

Help

((H22000330353 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

First Rate Property Solutions, 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:

2002 Colonial Parc Drive  
Tampa, FL 33612

Mailing Address:

2002 Colonial Parc Drive  
Tampa, FL 33612

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:

AGI Registered Agents, Inc.

Name

1000 Brickell Avenue, Suite 300

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

Miami

FL

33131

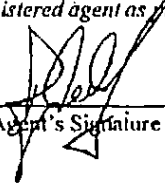
City

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.

FLORIDA LIMITED LIABILITY CO.	
Cert. Fee	\$12.00
Cert. Copy	\$12.00
Page Count	1
Estimated Charges	\$12.00

Registered Agent's Signature (REQUIRED)  
  
(CONTINUED)

FLORIDA LIMITED LIABILITY CO.	
Cert. Fee	\$12.00
Cert. Copy	\$12.00
Page Count	1
Estimated Charges	\$12.00

((H22000330353 3)))

(((H22000330353 3)))

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

EDUARDO SANCLEMENTE  
2002 COLONIAL PARC DRIVE  
TAMPA, FL 33612

(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.

ROBERT R. ADAMS, AUTHORIZED REPRESENTATIVE

Typed or printed name of signer

S12

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)

22 SEP 23 PM 12:35  
ALABAMA  
SECRETARY OF STATE

(((H22000330353 3)))