

**L22000426541**

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Division of Corporations

**Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : CESPEDES CPA, INC  
Account Number : 120220000109  
Phone : (786)452-4615  
Fax Number : (844)773-3487

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

Email Address: manoloian2004@yahoo.com

**FLORIDA LIMITED LIABILITY CO.  
STUDDER SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

22 OCT -3 PM 12:35  
TALLAHASSEE, FLORIDA

2022 OCT -3 AM 9:47

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

STUDED SERVICES 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:12500 SW 51ST ST  
MIAMI FL 33175Mailing Address:12500 SW 51ST ST  
MIAMI FL 33175

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

HERNEN SARDINAS

Name

12500 SW 51ST STFlorida street address (P.O. Box NOT acceptable)MIAMI

City

FL

State

33175

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.

X  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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