

**L22000475776**

Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
ACCESS BUSINESS PARTNERS LLC**

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**T. BURCH**  
NOV 8 2022

**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

Effective date 11-08-22.

**ARTICLE I - Name:**

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company", "LLC," or "LLC.")*

ACCESS BUSINESS PARTNERS LLC

**ARTICLE II - Address:**

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

1100 SW 130 Ave,

Apt 407-H

Pembroke Pines FL 33027

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(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.)*

Jorge L. Espino,

10710 NW 66 St, Apt 313, Doral FL 33178

**ARTICLE IV-**

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

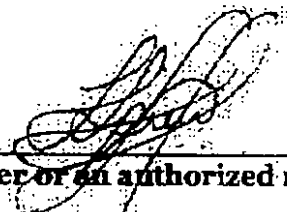
Jorge Luis Espino, MGRM

Viviana Silvana Espino, MGRM

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**Required Signatures:****Signature of a member or an authorized representative of a member.**

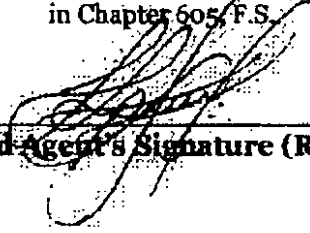
In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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 §.817.155, F.S.

Jorge L. Espino

**Typed or printed name of signee**

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)**

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