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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 : FILE RIGHT LLC  
Account Number : I20170000091  
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FLORIDA LIMITED LIABILITY CO.  
ADVANCED CONSULTING SERVICES LLC

Certificate of Status	0
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November 17, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILE RIGHT LLC

SUBJECT: ADVANCED CONSULTING SERVICES LLC  
REF: W22000143820

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE  
Regulatory Specialist IIFAX Aud. #: H22000383188  
Letter Number: 622A00025613

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: IDEAL CONSULTING SERVICES LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

FILE RIGHT LLC

Firm/Company

5314 16TH AVENUE SUITE 139

Address

BROOKLYN, NY 11204

City/State and Zip Code

sales@fileacorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara at (718) 878-5811

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MailingAddress**  
 New Filing Section  
 Division of Corporations  
 P.O. Box 6327  
 Tallahassee, FL 32314

**StreetAddress**  
 New Filing Section  
 Division of Corporations  
 Clifton Building  
 2661 Executive Center Circle  
 Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

IDEAL CONSULTING 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:

Mailing Address:

2660 NE 47TH STREET  
LIGHTHOUSE POINT, FL 33064

2660 NE 47TH STREET  
LIGHTHOUSE POINT, FL 33064

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:

ANTHONY SCIORTINO  
Name

2660 NE 47TH STREET  
Florida street address (P.O. Box **NOT** acceptable)

LIGHTHOUSE POINT FL 33064  
City State Zip

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*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..*

/ s / Anthony Sciortino  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**  
 "AMBR" = Authorized Member  
 "MGR" = Manager  
AMBR

**Name and Address:**  
ANTHONY SCIORTINO  
2660 NE 47TH STREET  
LIGHTHOUSE POINT, FL 33064

\_\_\_\_\_  
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(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:**

/s/ ANTHONY SCIORTINO

**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.

ANTHONY SCIORTINO

Typed or printed name of signee

**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)