Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO. ADVANCED CONSULTING SERVICES LLC

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From; Mark Fuchs

850-617-6381 11/17/2022 9:38:58 AM PAGE 1/001 Fax Server



November 17, 2022

FLORIDA DEPARTMENT OF STATE Division of Corporations

FILE RIGHT LLC

SUBJECT: ADVANCED CONSULTING SERVICES LLC

REF: W22000143820

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

Fax Reference: H22000383188 3

COVER LETTER

то:	New Filing Section Division of Corporations
CHRIC	IDEAL CONSULTING SERVICES LLC
SUBJE	Name of Limited Liability Company
The enc	dosed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn 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 furth	er information concerning this matter, please call:
	Sara 718 878-5811
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
	O Filing Fee S130,00 Filing Fee & S155,00 Filing Fee & S160,00 Filing Fee. Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	MailingAddressStreetAddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, F1, 323142661 Executive Center CircleTallahassee, F1, 32301

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ARTICLESOF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - 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:

<u>Principal Of</u>	fice Address:		Mailing Address:			
2660 NE 47TH STREET		20	60 NE 47TH STREET			
LIGHTHOUSE POINT, F	L 33064	<u> </u>	GHTHOUSE POINT, FL 33064			
ARTICLE III - Registered Agent, R (The Limited Liability Company cann another business entity with an active The name and the Florida street addre	ot serve as its own Reg Florida registration.) ss of the registered age VITIONY SCIORTING	gistered Agen ent are:	gent's Signature: t. You must designate an individua	ECRETARY LLAHASSE	29	
	N:	ime		E OF	ħK	Ţï
<u>26</u>	<u>60 NE 47TH STREET</u>			ES.	င္မာ	<u>(</u>
Fi	orida street address (P.	O. Box NO I	acceptable))F STATE , FLORIDA	55	
<u>L1</u>	GHTHOUSE POINT	FL	33064	➤	Ψ.	
	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, Thereby 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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<u>Title:</u> "AMBR" = A "MGR" = M:	Authorized Member	Name and Address:
AMBR	mager	ANTHONY SCIORTINO
		2660 NE 47TH STREET
		LIGHTHOUSE POINT, FL 33064
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		CRET HA
		<u>€</u> ₩ 4
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CLE V: Effectiv	ent if necessary) we date, if other than the date	e of filing:
CLE V: Effective flective date is te of filling.) If the date inse	re date, if other than the date listed, the date must be sp	pecific and cannot be more than five business days prior to or 90 day meet the applicable statutory filing requirements, this date will not be I
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CLE V: Effective date is te of filing.) If the date insecument's effect	re date, if other than the date listed, the date must be sported in this block does not a live date on the Department provisions, if any. Signature of a match that document is executed an aware that any fals	recific and cannot be more than five business days prior to or 90 day meet the applicable statutory filing requirements, this date will not be be of State's records (S / ANTHONY SCIORTINO ember or an authorized representative of a member, need in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State