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Florida Department of State
Division of Corporations
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From: Account Name : CORPOLICENSE, INC
Account Number : I20050000118
Phone : (305)774-9606
Fax Number : (305)774-9660

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

Email Address: Luis fernando silva 30@hotmail.com

FLORIDA LIMITED LIABILITY CO.
SOUTH FLORIDA SOLUTION SERVICES, LLC

Certificate of Status	0
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December 13, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPOLICENSE, INC

SUBJECT: SOUTH FLORIDA SOLUTION SERVICES, LLC
REF: W22000153538

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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Genesis R Kersey
OPS Clerk

FAX Aud. #: H22000417831
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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
OF
SOUTH FLORIDA PRIME SOLUTIONS, LLC**

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ARTICLE I - NAME:

The name of the Limited Liability Company is:

SOUTH FLORIDA PRIME SOLUTIONS, LLC

ARTICLE II - ADDRESS:

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

**PRINCIPAL ADDRESS: 1750 NW 107th Avenue
Sweetwater, FL 33172**

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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The Registered Agent designated is: **LUIS FERNANDO SILVA**

**LUIS FERNANDO SILVA
1750 NW 107th Avenue
Sweetwater, FL 33172**

Luis Silva

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.

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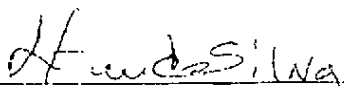
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ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

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<u>TITLE:</u>	<u>NAME AND ADDRESS</u>
MGR	LUIS FERNANDO SILVA 1750 NW 107 th Avenue Sweetwater, FL 33172



Luis Fernando Silva
Manager

ARTICLE V – EFFECTIVE DATE:

The effective date of the business will be JANUARY 1, 2023.

(In accordance with section 605.0201, Florida Statutes.
The execution of this document constitutes an affirmation under
The penalties of perjury that the facts stated herein are true)

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