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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 : BUSINESS ACCOUNTING PROFESSIONALS CORP

Account Number : I20190000020 Phone : (785)953-7449 Fax Number : (786)953-7450

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

Email Address:___

FLORIDA LIMITED LIABILITY CO. FH SERVICE AND SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
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Electronic Filing Menu Corporate Filing Menu

Help

Articles of Organization For Florida Limited Liability Company

The undersigned company, for the purpose of forming a Florida limited hability company, hereby adopts the following Articles of Organization:

Article I

The name of the limited liability company is: FH SERVICE AND SOLUTONS LLC

Article II

The street address of the principal office of the Limited Liability Company is: 12314 NW 11^{VII} LANE MIAMI, FL. 33182

The mailing address of the Limited Liability Company is: 12314 NW 11TH LANE MIAMI, FL. 33182

Article III

Other provisions, if any:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is: GILBERTO LAVERDE MERCHAN

 $12314~\mathrm{NW}~11^{\mathrm{TH}}~\mathrm{LANE}$

MIAMI, FL. 33182

Having been named as a registered agent and to accept service of process of 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.

Registered Agent Signature:

Article V

The name and address of person(s) authorized to manage the LLC:

Tiffe: AMBR
GUBERTO LAVERDE MERCHAN
12314 NW 11¹¹¹ LANE
MIAMI, FL. 33182
Signature:

Article VI

The effective date of this Limited Liability Company Shall be:

02/15/2023

Signature of member or an authorized representative:

Signature -

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I am a member or authorized representative submitting these Articles of organization and affirm that the facts state berein are true, I am aware that false information submitted into document to the Department of State constitutes a third degree felony as provide for in \$.817.155.8.8. I understand the requirement to file an annual report between January 42 and May 12 in the calendar year following the formation of the LLC and every year thereafter to maintain "active" status.