

LA3 000074508

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 : MARIA XIMENA MARTINEZ  
Account Number : 120220000054  
Phone : (786)571-4129  
Fax Number : (786)590-1744

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

Email Address: \_\_\_\_\_

3/13/23 10:00 AM

FLORIDA LIMITED LIABILITY CO.  
FLIP SOLUTIONS GROUP LLC

Certificate of Status	0
Certified Copy	0
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TALLAHASSEE, FLORIDA

10:09 PM

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**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: FLIP SOLUTIONS GROUP 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:

**MARIA XIMENA MARTINEZ**

Name of Person

**MODERN SOLUTIONS GROUP**

Firm/Company

**2424 W. BRANDON BLVD #1282**

Address

**BRANDON, FL 33511**

City/State and Zip Code

**INFO@MODERNSOLUTIONSGROUP.NET**

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

For further information concerning this matter, please call:

**MARIA XIMENA MARTINEZ** at ( **786** ) **571-4129**  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**Mailing Address**

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

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLIP SOLUTIONS GROUP 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:

7401 SW 152TH AV APT  
MIAMI FL 33193

7401 SW 152TH AV APT  
MIAMI FL 33193

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:

ABEL MARTIN RUIZ

Name

7401 SW 152TH AV APT

Florida street address (P.O. Box **NOT** acceptable)

MIAMI FL 33193

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, 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.*

ABEL MARTIN RUIZ

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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(((H23000053732 3)))

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR \_\_\_\_\_

ABEL MARTIN RUIZ  
7401 SW 152TH AV APT  
MIAMI FL 33193

MGR \_\_\_\_\_

LILIAN DE LA CARIDAD GOMEZ MARTIN  
7401 SW 152TH AV APT  
MIAMI FL 33193

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

REAL ESTATE INVESTMENTS

\_\_\_\_\_  
\_\_\_\_\_

REQUIRED SIGNATURE:

*ABEL MARTIN RUIZ*

\_\_\_\_\_  
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.

ABEL MARTIN RUIZ

\_\_\_\_\_  
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)

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