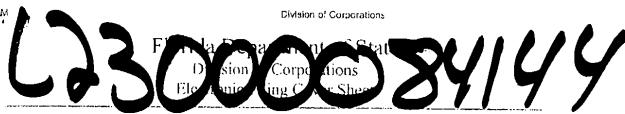
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Division of Corporations

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FLORIDA LIMITED LIABILITY CO. OCTOS CONSTRUCTION SERVICES AND SOLUTION LLC

Certificate of Status Certified Copy 1 Page Count 03 Estimated Charge \$155.00

207

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Help

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AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OCTOS CONSTRUCTTION SERVICES AND SOLUTION 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:

	Trutte Carlo	
701 SW 104th TER	701 SW 104th TER	
APT 313	APT 313	
MIRAMAR, FL 33025	MIRAMAR, FL 33025	

Mailing Address:

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:

Principal Office Address:

FABIAN DAVID V	EGA VARGAS	
	Name	
701 SW 104th TER	APT 313	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	ceptable)
MIRAMAR	171,	33025
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..

FALL AND STEAMAP AS IT ON DEN 13 11 FST

Registered Agent's Signature (REQUIRED)

(CONTINUED)

13053284774 From: Yanet A

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 FABIAN DAVID VEGA VARGAS 701 SW 104th TER APT 313 MIRAMAR, Fi. 33025 AMBR (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, REOURED SIGNATURE: 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.

FABIAN DAVID VEGA VARGAS

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)