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Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	
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COVER LETTER

TO:	New Filing Sec Division of Co			
	Color Solu	tions Services LLC.		
SUBJ	ЕСТ:	·	- · · · · · · · · · · · · · · · · · · ·	
		Name of Lin	nited Liability Company	
The er	nclosed Articles of	Organization and fee(s) are	e submitted for filing.	
Please	return all corresp	ondence concerning this ma	tter to the following:	
	Isai Gomez			
			Name of Person	
	 -		Firm/Company	
	140 Glendal	e St. APT 142	. ,	
			Address	·
	Lakeland FL	.33803		
	colorsolution	C sservices@gmail.com	ity/State and Zip Code	
	 	E-mail address: (to be used	for future annual report notificat	ion)
For furt	her information co	oncerning this matter, please	call:	
	Isai Gomez	84	7 7859173	
		at ()	
	Nan	ne of Person A	rea Code Daytime Telephor	ne Number
Enclos	sed is a check for t	the following amount:		
□\$12	25.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Maili	ng Address	Street Address	

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabil	ity Company is:			
Color Solutions Service		·		
(Must cor	tain the words "Limited	Liability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street	address of the principal of	office of the Li	imited Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Addr	<u>ess</u> :
140 Glendale St. APT 142			140 Glendale St. APT 142	
Lakeland FL 33803			Lakeland FL 33803	
ARTICLE III - Registered Ag (The Limited Liability Compan				dividual or
another business entity with an	active Florida registration	on)	-	
The name and the Florida street	t address of the registered	d agent are:		
The fame and the French Street	dudiess of the registeror	a ugena are.		
	Isai Gomez			
		Name		
	140 Glendale SLAPT 1	42		
	Florida street addres	ss (P.O. Box 🐧	ox NOT acceptable)	
	Lakeland	FL.	33803	
	City	State	Zip	
laving been named as registered lace designated in this certificate urther agree to comply with the p m familiar with and accept the o	e, I hereby accept the app provisions of all statutes r	pointment as revelating to the p	gistered agent and agree to act i proper and complete performand	in this capacity. I ce of my duties, and I
	\mathcal{L}	Jan .		
	Regist	//V tered Agent's	Signature (REQUIRED)	
	i cgis		o-Brand (rodonos)	
		(CONTINI	(PD)	

(CONTINUED)

ARTICLE IV-

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

"MGR" = Mar	thorized Member		
"MGR" = Mai			
	nager		
MGR		lazi Gomez	
<u> </u>		140 Gicardale St. APT 142	
		Lakeland FL 33808	
			
_			
	nt if necessary)	loto of filings	
TCLE V: Effective or effective date is lilate of filing.)	date, if other than the disted, the date must be	late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed ent of State's records.	
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TCLE V: Effective n effective date is li late of filing.) E: If the date insert document's effective TCLE VI: Other pro-	e date, if other than the disted, the date must be ed in this block does not date on the Department ovisions, if any. SIGNATURE: Signature of a This document is exellam aware that any fire.	member or an authorized representative of a member. excuted in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State	

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)