Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000133924 3)))



H230001339243ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

Fram:

Account Name : ALEX PINA CO. Account Number : I20190000095 Phone : (305)803-8471 Fax Number : (305)602-3977

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

Email Address:

client@alexpina.co

FLORIDA LIMITED LIABILITY CO. ROBOTO SOLUTIONS LLC

Certificate of Status	0
Certified Copy	U
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

ROBOTO SOLUTIONS 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:
2920 SW 114TH AVE	2920 SW 114TH AVE
MIAMI, FL 33165	MIAMI, FL 33165

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:

ALEX PINA CO.		
	Name	
8400 NW 36TH ST	STE 450	
Florida street addr	ess (P.O. Box <u>NOT</u> ac	rceptable)
DORAL	FL	33166
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 bereby 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ΔD	TI	\sim T	Е	IV.

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

Comparison of a member of a member of State s records. **CLE VI: Effective date, if other than the date of filing	Title:		Name and Address:	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing	-			
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing	"MGR" = Man	ager		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing	<u>AMBR</u>	<u> </u>	ROBERT I EDGAR	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:			2920 SW 1141H AVE MIAMI FL 33165	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing			MOXIME 1 E. 33 103	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:				
(Use attachment if necessary) (LE V: Effective date, if other than the date of filing:				
(Use attachment if necessary) (LE V: Effective date, if other than the date of filing:				
(Use attachment if necessary) ILE V: Effective date, if other than the date of filing:				
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:				
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:				
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:				
(Use attachment if necessary) TLE V: Effective date, if other than the date of filing:				
CLE V: Effective date, if other than the date of filing:				
CLE V: Effective date, if other than the date of filing:				
CLE V: Effective date, if other than the date of filing:				
CLE V: Effective date, if other than the date of filing:				
Effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be becoment's effective date on the Department of State's records. CLE VI: Other provisions, if any. REOUTRED SIGNATURE: Robert Edgar 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. ROBERT 1 EDGAR Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	(Use attachmer	nt if necessary)		
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. ROBERT 1 EDGAR Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	ffective date is list of filing.)	sted, the date must be s	specific and cannot be more than five business days p	rior to or 90 day
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. ROBERT 1 EDGAR Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	ffective date is li- e of filing.) If the date inserte ument's effective	sted, the date must be sed in this block does not date on the Departmen	specific and cannot be more than five business days portion of the applicable statutory filing requirements, this	rior to or 90 day
Lam 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. ROBERT 1 EDGAR Typed or printed name of signce Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	ffective date is list of filing.) If the date inserte ument's effective LE VI: Other pre	sted, the date must be a ed in this block does no e date on the Departmen ovisions, if any.	specific and cannot be more than five business days portion of the applicable statutory filing requirements, this not of State's records.	rior to or 90 day
Constitutes a third degree felony as provided for in s.817.155, F.S. ROBERT 1 EDGAR Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	ffective date is list of filing.) If the date inserte ument's effective LE VI: Other pre	sted, the date must be seed in this block does not e date on the Department ovisions, if any. SIGNATURE:	specific and cannot be more than five business days portion of State's records. Robert Edgar member or an authorized representative of a member	rior to or 90 day date will not be
ROBERT 1 EDGAR Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	ffective date is list of filing.) If the date inserte ument's effective LE VI: Other pre	sted, the date must be seed in this block does not a date on the Department ovisions, if any. SIGNATURE: Signature of a This document is exercised.	specific and cannot be more than five business days portion of State's records. Robert Edgar member or an authorized representative of a member and authorized representative of a member of a membe	rior to or 90 day date will not be
Typed or printed name of signed Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	ffective date is list of filing.) If the date inserte ument's effective LE VI: Other pre	sted, the date must be a red in this block does no e date on the Departmen ovisions, if any. SIGNATURE: Signature of a 1 This document is exert I am aware that any fa	Robert Edgar member or an authorized representative of a member are authorized representative of the member of the accordance with section (05.0203 (1) (b), Floring Ise information submitted in a document to the Department of the	rior to or 90 day date will not be
Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	ffective date is list of filing.) If the date inserte ument's effective LE VI: Other pre	sted, the date must be and in this block does not a date on the Department ovisions, if any. SIGNATURE: Signature of a large transposition of the constitutes a third degree of the constitutes at third degree of the constitutes at the const	Robert Edgar member or an authorized representative of a member of accordance with section 605,0203 (1) (b), Florilise information submitted in a document to the Department fellows as provided for in \$.817,155, F.S.	date will not be er. ida Statutes. Tent opState
S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	ffective date is list of filing.) If the date inserte ument's effective LE VI: Other pre	sted, the date must be and in this block does not a date on the Department ovisions, if any. SIGNATURE: Signature of a large transposition of the constitutes a third degree of the constitutes at third degree of the constitutes at the const	Robert Edgar member or an authorized representative of a member or an authorized representative of a member of successful submitted in accordance with section 605,0203 (1) (b), Floring the information submitted in a document to the Department of	date will not be er. ida Statutes. Tent opState
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	ffective date is list of filing.) If the date inserte ument's effective LE VI: Other pre	sted, the date must be and in this block does not a date on the Department ovisions, if any. SIGNATURE: Signature of a large transposition of the constitutes a third degree of the constitutes at third degree of the constitutes at the const	Robert Edgar member or an authorized representative of a member or an authorized representative of a member of successful submitted in accordance with section 605,0203 (1) (b), Floring the information submitted in a document to the Department of	rior to or 90 day date will not be
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ffective date is list of filing.) If the date inserte ument's effective LE VI: Other pre	sted, the date must be and in this block does not a date on the Department ovisions, if any. SIGNATURE: Signature of a large transposition of the constitutes a third degree of the constitutes at third degree of the constitutes at the const	Robert Edgar member or an authorized representative of a member accordance with section 605,0203 (1) (b), Flori lise information submitted in a document to the Department follows a provided for in s.817,155, F.S. DGAR Typed or printed name of signee	date will not be date.
S 5.00 Certificate of Status (Optional)	ffective date is list of filing.) If the date inserts ument's effective LE VI: Other pre	sted, the date must be and in this block does not a date on the Department ovisions, if any. SIGNATURE: Signature of a range of the document is exert and aware that any factoristitutes a third degree of the document of the degree of the degree of the degree of the date of the degree of the date of the d	Robert Edgar member or an authorized representative of a member accordance with section 605,0203 (1) (b), Flori lise information submitted in a document to the Department follows a provided for in s.817,155, F.S. DGAR Typed or printed name of signee Filing Fees:	date will not be date.
	ffective date is list of filing.) If the date inserte ument's effective LE VI: Other pre	sted, the date must be and in this block does not a date on the Department ovisions, if any. Signature of a si	Robert Edgar member or an authorized representative of a member are authorized representative of a member at authorized representative of a member in accordance with section 605.0203 (1) (b), Flori like information submitted in a document to the Department of Signes (Typed or printed name of Signes) Filing Fees: Organization and Designation of Registered Agent	date will not be date w