11/8/23, 1:51 PM

Division of Corporations



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.

(((11230003881583)))



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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

		•	<i>'</i>	~ *
			-	
Fmail	Address:	71.	٠.	Ξ.
	***************************************		. `	,
				_

## FLORIDA LIMITED LIABILITY CO. DELFORT CONSULTING LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

Page: 2 of 4

ARTICLES OF ORGANIZATION FOR FLORI	DALIMITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Company is:	
DELFORT CONSULTING LLC	
(Must contain the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office o	f the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3402 N ANDREWS AVE EXT	
POMPANO BEACH, FL 33064	SAME
ARTICLE III - Registered Agent, Registered Office, & Reg	
(The Limited Liability Company cannot serve as its own Regist another business entity with an active Florida registration.)	dstered Agent's Signature: lered Agent. You must designate an individual or

addiess of the registered agent are.

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..

Régistered Agent's Signature (REQUIRED)

(CONTINUED)

2023 NOV -8 PH 4: 42

<u>l'itle:</u>	Name and Address:	
'AMBR" = Authorized Member 'MGR" = Manager		
<u>-</u>	Yvette Smith	
AMBR	3402 POMPANO BEACH AVE EXT	
	POMPANO BEACH, FL 33064	
AMBR	Brian Deshields	
ANADIX	3402 POMPANO BEACH AVE EXT	
	POMPANO BEACH, FL 33064	
EV: Effective date, if other than the ctive date is listed, the date must [filing.]	e date of filing: (OPTIONAL be specific and cannot be more than five business days prior	to or 90 da
ctive date is listed, the date must f filing.) the date inserted in this block does nent's effective date on the Depart	be specific and cannot be more than five business days prior anot meet the applicable statutory filing requirements, this date	to or 90 da
EV: Effective date, if other than the ctive date is listed, the date must f filing.) the date inserted in this block does	be specific and cannot be more than five business days prior anot meet the applicable statutory filing requirements, this date	to or 90 da
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any.	be specific and cannot be more than five business days prior a not meet the applicable statutory filing requirements, this date ment of State's records.	to or 90 da
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart	be specific and cannot be more than five business days prior anot meet the applicable statutory filing requirements, this date	to or 90 da
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any.  REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior a not meet the applicable statutory filing requirements, this date ment of State's records.   Arctic Smith  I a member or an authorized representative of a member.	to or 90 d
EV: Effective date, if other than the ctive date is listed, the date must filing.) the date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is I am aware that an	be specific and cannot be more than five business days prior a not meet the applicable statutory filing requirements, this date ment of State's records.  Arctic Smith	to or 90 di
EV: Effective date, if other than the ctive date is listed, the date must filing.) the date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is I am aware that an	be specific and cannot be more than five business days prior is not meet the applicable statutory filing requirements, this date innent of State's records.  If a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Sy false information submitted in a document to the Department degree felony as provided for it; s.817.155, F.S.	to or 90 di
EV: Effective date, if other than the ctive date is listed, the date must filing.) the date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any.  EXECUTED SIGNATURE:  Signature of This document is I am aware that an constitutes a third	be specific and cannot be more than five business days prior a not meet the applicable statutory filing requirements, this date ment of State's records.  Fa member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida S y false information submitted in a document to the Department degree felony as provided for it; s.817.155, F.S.	to or 90 di