Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:				
10.	Division of Cor	porations		
	Fax Number	: (850)617-6381	7.1.3 MJ Y	
From:	Account Name Account Number		12 hin	
	Phone Fax Number	: (305)552-5973 : (305)675-5944		
**E	nter the email a annual report	address for this business entity to be used for future. mailings. Enter only one email address please.	0: -1	ij
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FLORIDA LIMITED LIABILITY CO. A PLUS IMMIGRATIONS SOLUTIONS LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

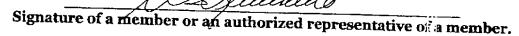
Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
the name of the Lumited Elaberty Company is:
A Plus FMMIGRATIONS SOLUTIONS LLC.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
5212 SW 102Nd AVE. MiAMI. FLORIDA. 33165
2.32
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (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.)
ANA MARIA Sablon QUEVENO 52125W LODIN AVE. MIAMI FLORINA 33165
52125W LODIN AVE. MIANI. FLORING. 33165
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
ANA MARIA SOBION QUEVENO
ANA MARIA SOBION QUEVERO (AMBR)

EIN: 93-4527303

Required Signatures:



In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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, 17 S.

ANA MARIA SABLON QUEVEDO.

Typed or printed name of signee

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..

Registered Agent's Signature (REQUIRED)