Fax: 8134365206

Electronic Filing Cover Sheet

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.

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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 : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email	Address:				

FLORIDA LIMITED LIABILITY CO.

Check In Pro Solutions LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Check In Pro 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:

rtincipal Office Address:	Maning Address:
7901 4th St N	7901 4th St N
STE 300	STE 300
St. Petersburg, FL 33702	St. Petersburg, FL 33702

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:

Registered Agents I	nc	
	Name	
7901 4th St N STE 3	300	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
St. Petersburg	FL	33702
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..

A Javid X Sperts

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECULIAN OF STATE
TALLANASSEE STATE

4 13	 ~	47	
ΑК	u i	. P.	IV-

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

AMBR Lugo, Yosber 7901 4th St N STE 300 St. Petersburg, Fl. 33702 AMBR Cuevaia, Alazenlys del Valle 7901 4th St N STE 300 St. Petersburg, Fl. 33702 EV: Effective date, if other than the date of filing: 12/22/2023 (OPTIONAL) ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 (filing.) ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 (filing.) St. 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. 817.135, F. S. Robin Jones Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$3.0.00 Certified Copy (Optional)	AMBR Lugo, Yosber 7901 4th St N STE 300 St. Petersburg, FL 33702 MBR Guevara, Altxeutys del Valle 7901 4th St N STE 300 St. Petersburg, FL 33702 MBR Guevara, Altxeutys del Valle 7901 4th St N STE 300 St. Petersburg, FL 33702 (OPTIONAL) ive date is listed, the date must be specific and cannot be more than five business days prior to or 90 tiling.) e date inserted in this block does not meet the applicable statutory filling requirements, this date will not nt's effective date on the Department of State's records. VI: Other provisions, if any. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605, 203 (1) (b). Florida Statutes, 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. Robin Jones Typed or printed name of signee Filling Fees: 125.00 Filling Fee for Articles of Organization and Designation of Registered Agent 30.00 Certified Copy (Optional)	"AMBR" = Authorized Member		
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