Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

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. PROF-TEAMS, LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Li	ability Company is:			
PROF-TEAMS,	LLC			
(Must	contain the words "Limited	d Liability Con	ipany, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
	et address of the principal	office of the L	imited Liability Company is:	
	ocipal Office Address:		Mailing Address:	
7040 SW 17TH			_	
	ENRACE		7040 SW 17TH TERRACE	
MIAMI, FL 33155			MIAMI, FL 33155	<u> </u>
ARTICLE III - Registered (The Limited Liability Companother business entity with The name and the Florida str	any cannot serve as its ow an active Florida registrati	n Registered A on.)	l Agent's Signature: gent. You must designate an individua	l or
	NELSON RAMIREZ	<u> </u>		
		Name		
	7040 SW 17TH TER	RACE		
	Florida street addres	ss (P.O. Box N	OT acceptable)	
	MIAMI	FL_	33155	
	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..

X Nolvan Pannez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	NELSON RAMIREZ
	7040 SW 17TH TERRACE
	MIAMI, FL 33155
MGR	LESBIA GALVIZ
	7040 SW 17TH TERRACE
	MIAMI, FL 33155
	
(Use attachment if necessary)	
LE V: Effective date, if other than the da	ate of filing: 01/03/2024 . (OPTIONAL)
of filing.) If the date inserted in this block does no	I meet the applicable statutory filing requirements (Linder will be applicable statutory)
e of filing.) If the date inserted in this block does no	specific and cannot be more than five business days prior to or 90 days to
e of filing.) If the date inserted in this block does no ument's effective date on the Department. LE VI: Other provisions, if any	specific and cannot be more than five business days prior to or 90 days at meet the applicable statutory filing requirements, this date will not be list not of State's records.
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