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.

(((H240000355413)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : PEDRO LUZQUINOS Account Number : I20170000042

Phone Fax Number

: (954)655-8413 : (954)432-8807

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

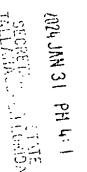
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#### FLORIDA LIMITED LIABILITY CO. POWER DEEP SOLUTIONS LLC

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#### COVER LETTER

	w Filing Section vision of Corporations			
SUBJECT	POWER DEEP SOLUTIONS LLG	<b>c</b> :		
		Limited Liabili	у Сотралу	<del></del>
The enclose	ed Articles of Organization and fee(s)	) are submitted	for Iiling.	
Please retui	n all correspondence concerning this	matter to the fe	llowing:	
	DEL BIANCO GOMEZ, CARLOS	t		
	<del></del>	Name of	Person	
		Firm/Cor	прапу	
	1029 NW 3RD ST APT 302			
		Adare	ss	
	MIAMI FL, 33128			
i	PLUZQUINOSF@HOTMAIICOM	City/State and	Zip Code	
-	E-mail address: (to be us	sed for future as	noual report notification)	
For further in	formation concerning this matter, pla	ease call:		
	PEDRO LUZQUINOS	954	6558413	
•	Name of Person		Daytime Telephone Nu	mber
Enclosed is  \$125.00 Fil	a check for the following amount: ling Fee \$130.00 Filing Fee & Certificate of Status	Certific	d Copy l copy is enclosed)	\$160.00 Filing Pee, Certificate of Status & Certified Copy Iditional copy is enclosed)
	Mailing Address		Street Address	1024 1741

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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### H240000 355413

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	ĸ.	П	C	LE	ı	- ;	Nα	m	¢	;

The name of the Limited Liability Company is:

#### POWER DEEP 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: 1029 NW 3RD ST APT 302 1029 NW 3RD ST APT 302 MIAMI, FL 33128 MIAMI, FL 33128

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:

DEL BIANCO GOMEZ, CARLOS L.			
	Name		
1029 NW 3RD ST A	APT 302		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	eceptable)	
МІЛМІ	fŁ	33128	
City	State	7.ip	

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)

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	DEL BIANCO GOMEZ CARLOS L. 1029 NW 3RD ST APT 302 MIAMI, FL 33128
<del> </del>	
(Use attachment if necessary)	
the date of filing.)	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed a
ANTICOLO VI. Onlei provisiolo, ii 21).	
REQUIRED SIGNATURE: Coulo	s Del Bionco
This document is executed in act	r an authorized representative of a member. cordance with section 605.0203 (1) (h), Florida Statutes, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.
DEL BIANCO GOMEZ	CARLOS L.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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