# Electronic Articles of Organization For Florida Limited Liability Company

L24000289204 FILED 8:00 AM June 26, 2024 Sec. Of State kcostello

### Article I

The name of the Limited Liability Company is: CONTROL RISK SERVICES LLC

#### Article II

The street address of the principal office of the Limited Liability Company is:

673 SW MCHOLE AVE PORT SAINT LUCIE, FL. US 34953

The mailing address of the Limited Liability Company is:

673 SW MCHOLE AVE PORT SAINT LUCIE, FL. US 34953

## **Article III**

The name and Florida street address of the registered agent is:

UNITED STATES CORPORATION AGENTS, INC. 476 RIVERSIDE AVE. JACKSONVILLE, FL. 32202

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.

Registered Agent Signature: ERIK TREUTLEIN, US CORP. AGENTS

## **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: AMBR
PATRICE TAYLOR
673 SW MCHOLE AVE
PORT SAINT LUCIE, FL. 34953 US

Title: AMBR SIMOENE TAYLOR 673 SW MCHOLE AVE PORT SAINT LUCIE, FL. 34953 US

Title: AMBR
PATRICK TAYLOR
673 SW MCHOLE AVE
PORT SAINT LUCIE, FL. 34953 US

Signature of member or an authorized representative

Electronic Signature: PATRICE TAYLOR

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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