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To: Division of Corporations
Fax Number: (850) 417-4381

From: Account Name: HAND REEMPHALL HARRISON TALK LLC
Account Number: 22618088228
Phone: (850) 764-3418
Fax Number: (850) 424-5093

S. CAMPFIELD
JUL 14 2024

"Enter the email address for this business entity to be used for future annual report filings. Enter only one email address please."
Email Address: jcampfield@handfirm.com

FLORIDA LIMITED LIABILITY CO
ACDC TECH SOLUTIONS, LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION
OF
ACDC TECH SOLUTIONS, LLC

ARTICLE I – NAME

The name of the limited liability company is ACDC TECH SOLUTIONS, LLC. ("company").

ARTICLE II – ADDRESS

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

Principal Office Address:
706 Swan Lane
Destin, FL 32541

Mailing Address:
706 Swan Lane
Destin, FL 32541

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

HAND ARENDALL HARRISON SALE, LLC
C/O DION MONIZ
35008 EMERALD COAST PKWY, STE 500
DESTIN, FL 32541

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.

Dion J. Moniz

HAND ARENDALL HARRISON SALE, LLC

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

MGR, AMBR

Dustin Cornwell
706 Swan Lane
Destin, FL 32541

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be 7/11/2024.

REQUIRED SIGNATURE:

Dustin Cornwell

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.817.155, F.S.

Dustin Cornwell

Typed or printed name of signer



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