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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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : 120170000090 Phone : (305)358-1310 Fax Number : (305)503-6701

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

Email Address: AROB 8723 @ grail. con

FLORIDA LIMITED LIABILITY CO. ENGINEERING SOLUTION MECTION LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company:

ENGINEERING SOLUTION MECTION LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE H

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

Principal and Mailing Address

5001 BRIDGE ST STE 3603 TAMPA, FL 33611

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:

R&P ACCOUNTING & TAXES INC

Name

150 SE 2ND AVE STE 404 Florida Street address (P.O. Box NOT acceptable)

> MIAMI, FL 33131 FL City, State, and 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 fosition as registered agent as provided for in Chapter 605. F.S

Registered Agent's Signature (REQUIRED)

From Andres Rodriguez

ARTICLE IV

MGR=Manager(s) or AMBR= AUTHORIZED Member(s):

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

AMBR

MATIAS SEBASTIAN RASTELLETTI 5001 BRIDGE ST STE 3603 TAMPA, FL 33611

ARTICLE V

Effective date, if other than the date of filing (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

JULY 12, 2024

REQUIRED: SIGNATURE

Signaldre of g member or an authorized representative of a member.

MATIAS SEBASTIAN RASTELLETTI

(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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ARTICLE VI

The Florida Limited Liability Company will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.

THE MAIN OBJECTIVE OF THE COMPANY IS:

ANY AND ALL LAWFUL BUSINESS
