

# L24000361465

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

((H24000278934 3)))



H240002789343ABC6

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : CORPOLICENSE, INC  
Account Number : I20050000118  
Phone : (305)774-9606  
Fax Number : (305)774-9660

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

Email Address: merlyn 021129@gmail.com

FLORIDA LIMITED LIABILITY CO.  
ADMIN PRO ACCOUNTING SOLUTIONS, LLC

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

RECEIVED  
2024 AUG 20 PM 2:30

2024 AUG 20 AM 9:10

H24000 278934

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY  
OF  
ADMIN PRO ACCOUNTING SOLUTIONS, LLC**

**ARTICLE I - NAME:**

The name of the Limited Liability Company is:

**ADMIN PRO ACCOUNTING SOLUTIONS, LLC**

**ARTICLE II - ADDRESS:**

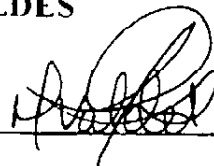
The mailing and principal address of the Limited Liability Company is:

**PRINCIPAL ADDRESS: 3501 East 7<sup>th</sup> Ave  
Hialeah, Florida 33013**

**ARTICLE III - Registered Agent, Registered Office, & Registered  
Agent's Signature:**

The Registered Agent designated is: **MERLYN VALDES**

**3501 East 7<sup>th</sup> Ave  
Hialeah, Florida 33013**

  
\_\_\_\_\_

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.


H24000 278934

H24000 278934

**ARTICLE IV - Management/Member(s):**

The name and address of each Manager or Managing Member is as follows:

<b><u>TITLE:</u></b>	<b><u>NAME AND ADDRESS</u></b>
<b>MGRM</b>	<b>MERLYN VALDES</b> <b>3501 East 7<sup>th</sup> Ave</b> <b>Hialeah, Florida 33013</b>

  
\_\_\_\_\_  
**MERLY VALDES**  
**Manager Member**

08/20/2024

(In accordance with section 605.0201, Florida Statutes,  
The execution of this document constitutes an affirmation under  
The penalties of perjury that the facts stated herein are true)

H24000 278934

2024 AUG 20 11:09:10  
FBI