

11/11/24, 1:24 p.m.

Division of Corporations

H240003745233

Florida Department of State  
Division of Corporations  
Electronic Filing Center Sheet

**L24000476773**

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.

(((H24000374623 3)))



H240003746233ABC+

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 : LATIN AMERICAN TAXPRO  
Account Number : I20220000106  
Phone : (407)318-0823  
Fax Number : (561)467-5851

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

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
CSC TECH SOLUTIONS LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

RECEIVED

2024 NOV 12 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FL2024 NOV 12 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T.S.H  
11/13/24[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

H240003745233

H240003745233

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: CSC TECH SOLUTIONS LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

For mail to: NATASHA PAOLA, CARACCIOLO DE JIMENEZ

NAME: NATASHA PAOLA, CARACCIOLO DE JIMENEZ

Name of Person

CSC TECH SOLUTIONS LLC

Firm/Company

815 MAIN LN APT 4207

Address

ORLANDO FLORIDA 32801

City/State and Zip Code

TECHCSCSOLUTIONS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NATASHA PAOLA, CARACCIOLO DE JIMENEZ 689 2704392  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee &  
Certificate of Status  
Certified Copy  
(additional copy is enclosed)

Mailing Address

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

Street Address

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2024 NOV 12 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

H240003745233

H240003745233

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CSC TECH 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:**

815 MAIN LN APT 4207  
ORLANDO FLORIDA 32801

815 MAIN LN APT 4207  
ORLANDO FLORIDA 32801

**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:

NATASHA PAOLA CARACCILO DE JIMENEZ

Name

815 MAIN LN APT 4207Florida street address (P.O. Box **NOT** acceptable)

<u>ORLANDO</u>	<u>FLORIDA</u>	<u>32801</u>
City	State	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 position as registered agent as provided for in Chapter 605, F.S.*

H240003745233

NPCaracciolo

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**FILED**  
 2024 NOV 12 PM 1:07  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

H240003745233

H240003745233

H240003745233

**ARTICLE IV-**

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

**Title:****Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

NATASHA PAOLA CARACCILO DE JIMENEZ  
 815 MAIN LN APT 4207  
 ORLANDO FLORIDA 32801

MGR

NEIVIS STELLA CASANOVA USECHE  
 815 MAIN LN APT 4207  
 ORLANDO FLORIDA 32801

BLCL

(Use attachment if necessary)

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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

**REQUIRED SIGNATURE:**

H240

*NP Caracciolo*

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.

NATASHA PAOLA CARACCILO DE JIMENEZ

Typed or printed name of signee

**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)

**FILED**  
 2024 NOV 12 PM 1:08  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

H240003745233

H240003745233