

To: 11/19/24, 3:05 PM

L24000488021

From: Yanet Avila

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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FLORIDA LIMITED LIABILITY CO.
C-ONE SOLUTION LLC

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Certified Copy	1
Page Count	03
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STATE
TALLAHASSEE, FL

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From: Yanet Avila



November 20, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations
EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: C-ONE SOLUTION LLC
REF: W24000155377

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name and title of the person signing the document must be noted beneath or opposite the signature.

PLEASE ADD MEMBERS COMPLETE ADDRESS. CITY, STATE AND ZIP CODE

If you have any further questions concerning your document, please call (850) 245-6052.

Frantz Clerjuste
Regulatory Specialist II
New Filings Section

FAX Aud. #: H24000384231
Letter Number: 724A00025394

11/20/2024 PM 3:35

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C-ONE SOLUTION 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:

13891 CYPRESS CT
MIAMI LAKES, FL 33014

13891 CYPRESS CT
MIAMI LAKES, FL 33014

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:

CARLOS M. VIDAL

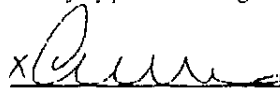
Name

13891 CYPRESS CT

Florida street address (P.O. Box **NOT** acceptable)

<u>MIAMI LAKES</u>	<u>FL</u>	<u>33014</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..

x 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

AMBR

CARLOS M. VIDAL

13891 CYPRESS CT

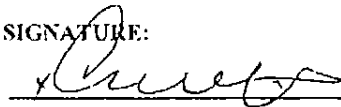
MIAMI, FL 33014

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/2025 (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:


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.

CARLOS M. VIDAL

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)