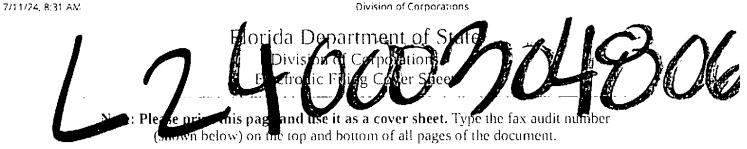
Division of Corporations

Page: 1/3



(((H24000235588 3)))



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 : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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.

Choss Home Solutions LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menn — Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Eability Company is:

Cooss Home 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:

<u>Principal (</u>	Office Address:	<u>Mai</u>	ling Address:
7901 4th St N		7901 4th St N	
STE 300		STE 300	
St. Petersburg	FL 33702	St. Petersburg	FL 33702

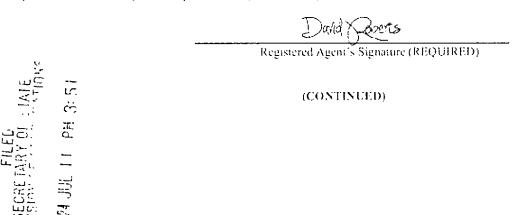
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

	Name	
7901 4th St N		STE 300
Florida street addres	ss (P.O. Box <u>N</u> 0	DT acceptable)
St. Petersburg	FL	33702
		Zip

Having been named as registered agent and to accept service of process for the above stated lamited hability 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 familian with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S..



 ${\rm as}$

1	D.	1"14	(11	ť.	ı١	•

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	Cobos Toro, Yosephs Adollo
	7901 4th St N STE 300
	.St. Retersburg. FL 33702
AMBR	Nava Quintero, Beatriz Adriana
	7901 4th St N STE 300
	St. Petersburg, Ft. 33702
(Use attachment if necessary)	
(If an effective date is listed, the date must he date of filing.)	date of filing:
ARTICLE VI: Other provisions, if any.	
THE ATTHEE A PICTURE.	
REQUIRED SIGNATURE:	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
This document is ev I am aware that any	a member or an authorized representative of a member, secured in accordance with section 605,0203 (1) (b). Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
	Robin Jones
	Robin_Jones Typed or printed name of signee