

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

Firom:

Account Name : CORPOLICENSE, INC

Account Number : 120050000118 : (305)774-9606 Phone

Fax Number : (305)774-9668 S. CHATHAM

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

FLORIDA LIMITED LIABILITY CO. HOLISTIC PLUMBING SERVICES, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF HOLISTIC PLUMBING SERVICES, LLC

ARTICLE 1 - NAME:

The name of the Limited Liability Company Is:

HOLISTIC PLUMBING SERVICES, LLC

ARTICLE II - ADDRESS:

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

PRINCIPAL ADDRESS: 355

355 NW 72nd Ave. Apt 401

Miami, FL 33126

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

The Registered Agent designated is: ALBERTO MUNOZ GONZALEZ

355 NW 72nd Ave, Apt 401 Miami, FL 33126

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.

ARTICLE IV - Management/Member(s):

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

TITLE:	NAME AND ADDRESS	<u>UNITS</u>
MGRM	ALBERTO MUNOZ GONZALEZ 355 NW 72nd Ave, Apt 401 Miami, FL 33126	100%
MGR	MILEIDYS BLANCO RIVERA 355 NW 72nd Ave, Apt 401 Miami, FL 33126 Mileidys Blanco Rivera Manager	ENTERNA SECULAR SECULA

(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)