Fax: 8134365206

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081 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:		
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FLORIDA LIMITED LIABILITY CO. BONILLA GROUP SERVICES LLC

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

2.4.25

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is: BONILLA GROUP SERVICES 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: 7901 4th St N STE 300 7901 4th St N STE 300 St. Petersburg Fl, 33702 US St. Petersburg FL 33702 US 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:

Northwest Registered Agent LLC Name 7901 4th St N STE 300 Florida street address (P.O. Box NOT acceptable) St. Petersburg FL 33702 Zip City State

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.,

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Fax: 8134365206

2/3/2025 11:30 03 PST To: 18506176381 Page: 3/3 Fax: 8134365206

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
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AMBR	BONILLA LOPEZ, ANGELLY MARTYNA DE LOS ÁNGELES 7901 41h St N STE 300 St Pelersburg FL 33702 US
	7901 4th St N STE 300
	St Pelersburg FL 33702 US
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(Use attachment if necessary)	
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Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Nat Smith