

L 2020 281668

Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
ALASKA INCOME TAX SERVICES LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$130.00 |

2020 SEP 16 PM 4:27

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2020 SEP 16 PM 12:11
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is

ALASKA INCOME TAX SERVICES LLC

ARTICLE II - Address:

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

Principal Office Address:

485 NW 27th Avenue
Miami, Florida 33125

Mailing Address:

485 NW 27th Avenue
Miami, Florida 33125

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

The name and the Florida street address of the registered agent are:

Maritza Castillo
485 NW 27th Avenue
Miami, Florida 33125

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.



Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV:

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

Title:

Name and Address:

"AMBR", "MGR" = Authorized Member, Manager

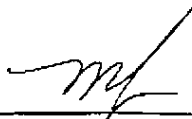
Maritza Ariza
485 NW 27th Avenue
Miami, Florida 33125

"AMBR", "MGR" = Authorized Member, Manager

Ramon Castillo
485 NW 27th Avenue
Miami, Florida 33125

ARTICLE V: Effective date is the date of filing

REQUIRED SIGNATURE:



Maritza Castillo

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.

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