

L22000138960

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

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Account Name : SUPER TAX PLUS
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Lisbethn.supertaxplus@gmail.com

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DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

**FLORIDA LIMITED LIABILITY CO.
PARKING AND STORAGE OUTSIDE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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FILED
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 01-11-2022 BY 60322 UCBAW/STP



COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Parking and Storage Outside LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lizbeth Beltrán
Name of Person

Express Multi-Services Corp.
Firm/Company

1275 West 47th PL Suite 315
Address

Hialeah, FL 33012
City/State and Zip Code

Lisbeth. supertaxplus@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lizbeth Beltrán 786 656-2034
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee
☐ \$130.00 Filing Fee & Certificate of Status
☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Parking and Storage Outside 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:

480 SW 182nd Way 480 SW 182nd Way
Pembroke Pines, FL 33029 Pembroke Pines, FL 33029

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:

Express Multi-Services Corp.
 Name
1275 West 47th PL Suite 315
 Florida street address (P.O. Box NOT acceptable)
Hialeah FL 33012
 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, and further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Lizbeth
 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:

"AMBR" = Authorized Member


"MGR" = Manager

Name and Address:AMBRFreddy Medina
480 SW 182nd way
Pembroke pines, FL 33029AMBR(Maria) R. Hernandez
480 SW 182nd way
Pembroke pines, FL 33029

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 04/04/2022 (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.

Freddy medina

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)

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