Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000187524 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 : MAD ACCOUNTING AND TAXES LLC

Account Number : I20210000151 Phone : (786)704-4244 Fax Number : (844)628-0563

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

Email Address:

FLORIDA LIMITED LIABILITY CO. JOSE IXTACUY CHOC SERVICES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

JOSE IXTACUY CHOC SERVICES, LLC

ARTICLE II - Address:

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

101 NE 41 ST APT E76

OAKLAND PAK, FL 33334

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve us its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

JOSE M IXTACUY CHOC 101 NE 41 ST APT E76 OAKLAND PARK, FL 33334

ARTICLE IV-

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

AMBR JOSE M IXTACUY CHOC

Page 1 of 2

5/27/2022 QS:01:57 EDT

To: 18506176381

Page: 4/4

From: MAD ACCOUNTING AND TAXES LLC

Fax: 8446280563

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

JOSE M IXTACUY CHOC

Typed or printed name of signee

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 the Chapter 605. F.S..

Kégistered Agent's Signature (REQUIRED)

Page 2 of 2