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 Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet
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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.

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

From:
 Account Name : YOUR DREAM SERVICES CORP.
 Account Number : 12020000137
 Phone : (786)660-0108
 Fax Number : (786)364-1047

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

Email Address: info@yourdreamms.com

RECEIVED
 2023 JUN 28 PM 2:04
 CORPORATION'S
 COMMERCIAL
 SERVICES

**FLORIDA LIMITED LIABILITY CO.
 Saubidet Servicing LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

2023 JUN 28 AM 4:35
 MAIL ASSISTANT

Electronic Filing Menu Corporate Filing Menu Help

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Saubidet Servicing 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:

Rocio Magali Saubidet Vidal
Name of Person

Rocio Magali Saubidet Vidal
Firm/Company

2818 N 34th Ave
Address

Hollywood, Florida 33021
City/State and Zip Code

souza.rocio@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rocio Saubidet 754 235-2449
at ()
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:

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Saubidet Servicing 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:

2818 N 34th Ave
Hollywood, Florida 33021

2818 N 34th Ave
Hollywood, Florida 33021

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:

Your Dream Multiservices Corp
LLC
8300 Nw 53rd St Suite 350
Florida street address (P.O. Box **NOT** acceptable)
Miami Florida 33166
FL 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 ~~his~~ 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~~ Chapter 605, FS

Ismael Torres
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FALLAH'S SETTING CORP

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ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>MGR</u>	<u>Rocio Magali Saubidet Vidal</u>
	<u>2818 N. 34th Ave</u>
	<u>Hollywood, Florida 33021</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

Restaurant managing and bartending services.

REQUIRED SIGNATURE:

Rocio Magali Saubidet Vidal
 Signature of a member of 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.

Rocio Magali Saubidet Vidal
Typed or printed name of signor

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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TALLAHASSEE, FLORIDA