

L17000092492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

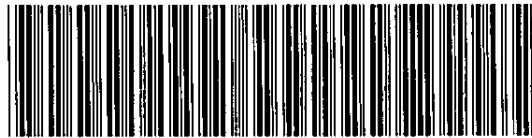
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000298377470

FILED

2017 APR 25 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 APR 25 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

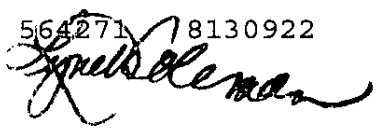
C. GOLDEN

APR 26 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 564271 8130922

AUTHORIZATION : 

COST LIMIT : \$ 125.00

ORDER DATE : March 21, 2017

ORDER TIME : 12:38 PM

ORDER NO. : 564271-001

CUSTOMER NO: 8130922

DOMESTIC FILING

NAME: 4YOU MULTI SERVICE LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT.

EXAMINER'S INITIALS: _____

FILED
2017 APR 25 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4YOU MULTI SERVICE 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:

Luis E. Rosa

Name of Person

Firm/Company

4705 Hardy Mills Street

Address

Kissimmee, FL 34758

City/State and Zip Code

foryoumultisvs@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis E. Rosa

407

692-5317

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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 APR 25 PM 3:36

FILED

4You Multi-Services, INC

Luis Rosa, Owner
4705 Hardy Mills Street
Kissimmee, FL 34758

April 3, 2017

To whom it may concern,

Please be aware that I, Luis Rosa, am/was the sole owner of 4You Multi-Services, Inc. I have since dissolved this cooperation to incorporate as an LLC. I am intending to the keep my name as I have established such name.

I am writing this notice, as requested, authorizing the name be used as an LLC incorporated by Luis Rosa. I am the owner of both entity names.

Cordially,


Luis Rosa

FILED
2017 APR 25 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2017 APR 25 PM 3: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4YOU MULTI SERVICE 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:

4705 Hardy Mills Street
Kissimmee, FL 34758

4705 Hardy Mills Street
Kissimmee, FL 34758

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:

LUIS E. ROSA

Name

4705 HARDY MILLS STREET

Florida street address (P.O. Box **NOT** acceptable)

KISSIMMEE

FL

34758

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. 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.

By: 

Registered Agent's Signature (REQUIRED)

LUIS E. ROSA

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Luis E. Rosa

4705 Hardy Mills Street

Kissimmee, FL 34758

(Use attachment if necessary)

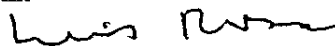
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

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.

Luis E. Rosa

Typed or printed name of signer

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)

FILED
2017 APR 25 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA