

L05000113512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

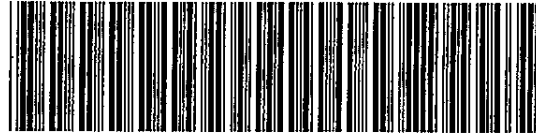
(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 NOV 23 PM 1:33

APPROVAL
AND
FILED

1005-5024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Affordable Multi Services
(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:

Moise Toussaint

(Name of Person)

Affordable Multi Services

(Firm/Company)

P.O. Box 5303

(Address)

Fort Lauderdale Florida 33311

(City/State and Zip Code)

For further information concerning this matter, please call:

Moise Toussaint

(Name of Person)

at (954) 288-8196

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|--|--|---|---|

Mailing Address

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

Street/Courier Address

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

**Moise Toussaint
P.O. Box 53003
Fort Lauderdale, FL 33310**

November 19, 2005

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

To Whom It May Concern

The checks I sent is for two difference companies

Besthaiti.com

Affordable Multi Services

I submit the application for Affordable Multi Services

I made the correction in besthaiti.com application

Thank you,

Moise Toussaint

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Affordable Multi Services, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

Affordable Multi Services

P.O. Box 5303

Fort Lauderdale Florida 33311

Mailing Address:

Affordable Multi Services

P.O. Box 5303

Fort Lauderdale florida

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:

Moise Toussaint

Name

471 SW 50 AVE

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

Margate

FL 33068

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPROVED
AND
FILED

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 608, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Manager

Moise Toussaint

471 SW 50 AVE

Margate Florida 33068

Manager

Marie Nicole Eloy

2009 NW 14 AVE

Fort Lauderdale Florida 33311

Manager

Hermite Ramhi

2009 NW 14 AVE

Fort Lauderdale Florida 33311

Manager

Luna ALEXandre

2009 NW 14 AVE

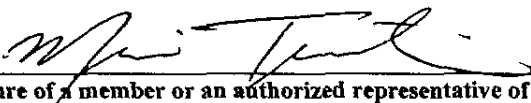
Fort Lauderdale Florida 33311

(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.)

REQUIRED SIGNATURE:


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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Moise Toussaint

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)

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