10000109874

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special instructions to Filing Officer:	7
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Office Use Only	



10/12/10--01022--015 **125.00

Effective Date 10-15-10



J. SAULSBERRY EXAMINER

OCT 21 2010

COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT: NMP PROFESSIONAL SERVICES FOR LESS, LCC

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:

	•		
ROGELIO CRUZ			
	Name of Person		
NMP PROFESSIONAL SE	RVICES FOR LESS, LLC		
	Firm/Company	a'	
11217 SW 125 PL		2010 OCT	
	Address	HAT CT	·†`}
MIAMI, FL 33186		20 ARY SSEE	
Cit	y/State and Zip Code		je s de la company
nmpprofessionals@gmail.som		PH 12: 23	O
E-mail address: (to be used f	or future annual report notification)	 	
For further information concerning this matter, please	call:	A. A.	
Rogelio Cruz	at (786) 372-1155		
Name of Person	Area Code & Daytime Telephone Number	er	
Enclosed is a check for the following amount:			
[\$125.00 Filing Fee []\$130.00 Filing Fee &	\$155.00 Filing Fee & \$160.00 	Filing Fee,	
Certificate of Status	Certified Copy Certificat	te of Status &	
Paid.	(additional copy is enclosed) Certified (additional	Copy copy is enclosed)	
Mailing Address	Street/Courier Address		
Registration Section Division of Corporations	Registration Section Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

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The name of the Limited Liability Company is:

NMP PROFESSIONAL SERVICES FOR LESS, LLC

(Must end with 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:

ROGELIO CRUZ	
11217 SW 125 PL	
MIAMI, FL 33186	<u>+</u>
	<u> </u>

Mailing Address:

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:

MIAMI	Florida street address (P.O. Box <u>NOT</u> acceptable) FL 33144	ORIDA	12: 23	L
<u>8500 S</u>	SW 8 ST, STE 244	E OF S	PH 12:	Π
	Name	TARY ASSE	20	ì
JOSE E	MORALES	- AS	1)' بينده
Florida stre	et address of the registered agent are:	SECR NLL-N	0 0102	

City, State, and 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 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:

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ASA	2

(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.)

<u>REOUIRED</u> 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. 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.)

Rogelio Cruz

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)

IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

Date of this notice: 10-18-2010

Employer Identification Number: 27-3694118

Form: SS-4

Number of this notice: CP 575 G

NMP PROFESSIONAL SERVICES FOR LESS ROGELIO CRUZ SOLE MBR 11217 SW 125TH PL MIAMI, FL 33186

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 27-3694118. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents

If you have questions about your EIN, you can call us at the phone number of write to us at the address shown at the top of this notice. If you write, please that off the stub at the bottom of this notice and send it along with your letter. If you do not meed to write us, do not complete and return the stub. Thank you for your cooperation