## <u>L1500023170</u>

(Ře	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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S MAY -5 PH 2: 2: SECRETARY OF STATE ALLAHASSEE, FLORIDA

## **COVER LETTER**

			on Secti f Corpo									
SUBJEC	ъ.	Wall S	Street W	ood Company								
SOBJEC	. I .			Name of I	imited	d Liabilit	y Company			-		
The encl	osec	l Articl	es of Or	ganization and fee(s)	are su	bmitted f	or filing.					
Please re	turn	all cor	respond	ence concerning this	matter	to the fo	llowing:					
	Ā	Alfredo	Javier (	Jomez								
	_				N	lame of P	Person					
	1	Vall St	reet Wo	od Company								
	-				F	Firm/Con	npany				_	
	4	320 S.	W. 134 .	Ave.								
	-	<u></u>	·			Addres	SS					
	ľ	Aiami,	FL 33	175								
	-				City/	State and	Zip Code					
	W	allStre		Co@Gmail.com								
				·			nual report notification	n)				
For further	r inf	ormati	on conce	rning this matter, ple	ase cal	d:						
	A	lfredo	J. Gome	ez at (	305	)	926-2953			_		
			Name o	f Person	Area	Code	Daytime Telephone	Numt	er			
Enclosed	d is a	check	for the	following amount:								
\$125.00	Fili	ng Fee		\$130.00 Filing Fee & Certificate of Status	(a	Certifie	Filing Fee & d Copy (copy is enclosed)	Ce Cei	rtificate rtified (	iling Fed e of Statu Copy copy is er	ıs &	d)
		R D P	ivision of .O. Box	on Section of Corporations		F 1 0 2	Registration Section Division of Corporation Clifton Building 1661 Executive Center Fallahassee, FL 32301		e	SECRETARY OF STATE TALLAHASSEE, FLORIDA	15 MAY -5 PM 2: 23	FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabilit	y Company is:			
Wall Street Wood Co	mpany LLC.			
(Must end	with the words "L	imited Liability Co	mpany, "L.L.C.," or "LLC	C.")
ADTICIPAL ALL				
ARTICLE II - Address: The mailing address and street ad	ldress of the princ	cinal office of the L	imited Liability Company	rie:
The maning address and succe at	idless of the print	cipal office of the L	mined Liability Company	15.
<u>Princips</u>	al Office Addres	<u>s</u> :	<u>Mailing</u>	Address:
4320 S.W. 134 Ave.			4320 S.W. 134 Ave.	
Miami, FL 33175			Miami, FL 33175	
USA			USA	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as it	ts own Registered A		an individual or
The name and the Florida street a	address of the reg	istered agent are:		
	Margarita Pina	Gomez		
		Name		<del></del>
	4320 S.W. 134	Ave.		
	Florida street a	address (P.O. Box 🛚	NOT acceptable)	
	Miami	FL	33175	<u></u>
	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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

FILED

MAY -5 PM 2: 23

"AMBR" = Authorized Member "MGR" = Manager MGR	
	Alfredo J Gomez
	4320 S.W. 134 Ave.
	Miami, FL 33175
MGR	Margarita Pina Gomez
	4320 S.W. 134 Ave.
	Miami, FL 33175
<del></del>	
(Use attachment if necessary)	
E V: Effective date, if other than the date extractive date is listed, the date must be see	of filing: (OPTIONAL) ccific and cannot be more than five business days prior to or 90 day
of filing.) the date inserted in this block does not m	neet the applicable statutory filing requirements, this date will not be
of filing.)	neet the applicable statutory filing requirements, this date will not be
of filing.) The date inserted in this block does not in ment's effective date on the Department of	neet the applicable statutory filing requirements, this date will not be
of filing.) The date inserted in this block does not in ment's effective date on the Department of	neet the applicable statutory filing requirements, this date will not be
of filing.) The date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any.	neet the applicable statutory filing requirements, this date will not be
of filing.) The date inserted in this block does not ment's effective date on the Department of E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me (In accordance with section constitutes an affirmation I am aware that any false	neet the applicable statutory filing requirements, this date will not be

Page 2 of 2

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)

as

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

Date of this notice: 04-28-2015

Employer Identification Number: 47-3852022

Form: SS-4

Number of this notice: CP 575 B

WALL STREET WOOD COMPANY ALFREDO J GOMEZ JR MBR 4320 SW 134TH AVE MIAMI, FL 33175

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 47-3852022. 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.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

04/15/2016

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. It 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.