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(Requestor's Name)

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(Business Entity Name)

(Document Number)

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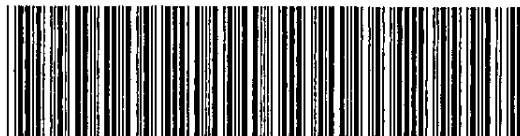
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 14, 2015

DAWIVA OCTAIREU  
602 NW 13TH ST #38  
BOCA RATON, FL 33486

SUBJECT: UNITED TAX AND MULTI SERVICES  
Ref. Number: W15000055395

We have received your document for UNITED TAX AND MULTI SERVICES and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 515A00019335

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: United tax and multi service LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Daniva Octavien  
Name of Person

Tax OFFice  
Firm/Company

602 NW 13th St #38  
Address

Boca Raton FL 33486  
City/State and Zip Code

Daniva Octavien@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniva / James Paul at (561) 574 6541, 561 574 0435  
Name of Person Area Code & Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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 ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

United fax and multi services 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:	Mailing Address:
<u>602 NW 13<sup>th</sup> St #38</u>	<u>602 NW 13<sup>th</sup> St #38</u>
<u>Boca Raton FL 33486</u>	<u>Boca Raton FL 33486</u>

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:

<u>Daniela Octavien</u>		
Name		
<u>602 NW 13<sup>th</sup> St #38</u>		
Florida street address (P.O. Box <b>NOT</b> acceptable)		
<u>Boca Raton</u>	<u>FL</u>	<u>33486</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.

Daniela Octavien  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

15 NOV 12 PM 12:00

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

James Paul  
602 NW 13th St #38 Boca  
Raton FL 33486

(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:**

James Paul

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.

James Paul

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)

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

United Tax and Multi-Services LLC

If unavailable, the alternate to be used in the state of Florida is:

JD Tax and Multi Services

2. The name and the Florida street address of the registered agent and office are:

Daniva Octavien  
(Name)

602 NW 13<sup>th</sup> St #38  
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Boca Raton FL 33486  
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, Florida Statutes.*

Daniva Octavien  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

10/05/2015

To whom may concern,

My name is Daniva Octavien, my business name United tax and multi services located in Boca Raton Florida. I recently call to make a change on my name which is spell incorrectly "Dawiva Octaireu". The correct name is Daniva Octavien.

Thanks for your comprehension



Daniva octavien