

L16000029864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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16 FEB 10 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. G. G. JAN 26 2016

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Product Services & Solutions of the Americas 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:

Ramon Reyes

Name of Person

Product Services & Solutions of the Americas LLC.

Firm/Company

11160 Cypress Leaf Dr.

Address

Orlando, FL 32825

City/State and Zip Code

reyesint@gmail.com

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

For further information concerning this matter, please call:

Ramon Reyes

407

900-3786

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 26, 2016

RAMON REYES  
11160 CYPRESS LEAF DR  
ORLANDO, FL 32825

SUBJECT: PRODUCT SERVICES & SOLUTIONS OF THE AMERICAS LLC  
Ref. Number: W16000005406

We have received your document for PRODUCT SERVICES & SOLUTIONS OF THE AMERICAS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Chapter 605, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

Please return 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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 616A00001693

RECEIVED  
16 FEB 10 PM 12:36  
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:

16 FEB 10 PM 4:00

Product Services & Solutions of the Americas LLC.

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

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

11160 Cypress Leaf Dr.  
Orlando, Fl. 32825

11160 Cypress Leaf Dr.  
Orlando, Fl. 32825

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:

Ramon Reyes

Name

11160 Cypress Leaf Dr.

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

Orlando

Florida

32825

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.*



Registered Agent's Signature (REQUIRED)

(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:**

Ramon Reyes

11160 Cypress Leaf Dr.

Orlando, Fl. 32825

(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.

Ramon Reyes

Typed or printed name of signee

16 FEB 10 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)