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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Galaxy Multi Services. 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:

Jean Elie celine / Mytho celine  
Name of Person

Galaxy Multi Services. LLC  
Firm/Company

8050 North Miami AVE Suite #1  
Address

Miami FL 33150  
City/State and Zip Code

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

For further information concerning this matter, please call:

Mytho celine / Jean Elie at ( 305 ) 370-9581  
Name of Person celine 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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Galaxy 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:

8050 North Miami Ave  
Suite 1  
Miami FL 33150

Mailing Address:

8050 North Miami Ave  
Suite 1  
Miami FL 33150

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:

Jean Elie celine  
Name

8050 North Miami Ave Suite #1  
Florida street address (P.O. Box NOT acceptable)

Miami FL 33150  
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.

Jean Elie celine  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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11/14/15 10:01 AM

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

Jean Elie Celine  
8050 North Miami Ave Suite #1  
Miami, FL 33150

Mytha Celine  
8050 North Miami Ave Suite #1  
Miami, FL 33150

(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.

ADD FEI 46-0585176

**REQUIRED SIGNATURE:**

Jean Elie Celine

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.

Jean Elie Celine

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)

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STATE  
FLORIDA