L17000163089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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17 JUL 31 AM 11:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MEMORANDUN

July 26, 2017

Office Division of Corporations
PO Box 6327
Tallahassee
FL, 32314

Mr:

The present is to forward documents related to the application for incorporation
"Service Family Happy Dreams LLC" As the agent I subscribe to, Miss Susa I. Aure Rojas, I thank you for providing me with all the required information, without for any reason the name already registered can suggest one of your best convenience.

I appreciate your collaboration,

Sincerely,

DC. Attached Mony order for the sum of $ 125.00

6712 NW 27 st, Margate FL 33063- Phone: 954 628 2405
Email: susanainmaculadarosalia@gmail.com

COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: Service Family Happy Dreams 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:

Susana Inmaculada Aure Rojas
Name of Person

Suana Aure Rojas
Firm/Company

6712 NW 27 ST
Address

Margate, FL 33063
City/State and Zip Code

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

For further information concerning this matter, please call:

Susana at (954) 628 2405
Name of Person | Area Code | Daytime Telephone Number

Enclosed is a check for the following amount:

- [x] $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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Service Family "LLC"
(Must contain 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:**
6712 NW 27 ST, Margate fl 33063	N/A

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: Susana I. Aure Rojas

6712 NW 27 ST,
Name

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

Margate (City) Florida (State) 33063 (Zip)

17 JUL 31 AM 11:05

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..

Susana Aure
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	**Name and Address:**
MGR	Susana I. Aure Rojas
AMBR	Dr. Adolfo Aure
AMBR	Soraya de los Angeles Rojas

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 1ro 2017. (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.

To provide general services

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.

Susana I. Aure Rojas
Typed or printed name of signee

17 JUL 31 AM 11:06
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)