

10/3/2018

Division of Corporations

L18000233009

Florida Department of State

Division of Corporations

Electronic Filing System

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : FLORIDA MULTISERVICES, INC.
Account Number : I201500000661
Phone : (786)290-3319
Fax Number : (305)645-2035

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
SERVICES DUBAI S.O. LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SERVICES DUBAI S.O. 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:

OSCAR M. QUIROZ

Name of Person

SERVICES DUBAI S.O. LLC

Firm/Company

2384 SW 9 STREET

Address

MIAMI FL 33135

City/State and Zip Code

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

For further information concerning this matter, please call:

OSCAR M. QUIROZ

786

390-6237

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SERVICES DUBAI S.O. 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:

2384 SW 9 STREET

MIAMI FL 33135

2384 SW 9 STREET

MIAMI FL 33135

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:

OSCAR M. QUIROZ

Name

2384 SW 9 STREET

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

MIAMI

FL

33135

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)

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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:

OSCAR M. QUIROZ

2384 SW 9th STREET

MIAMI, FL 33135

AMBR

JUAN P. EXTRADA

2384 SW 9 STREET

MIAMI, FL 33135

AMBR

QUENAN RAFAEL HUETE PEREZ

2384 SW 9 STREET

MIAMI FL 33135

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

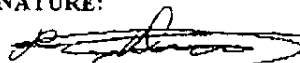
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

NONE

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.

OSCAR M. QUIROZ

Typed or printed name of signer

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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SERVICES DUBAI S.O. LLC
2384 SW 9th STREET
MIAMI, FL 33135

October 3, 2018

Florida Department of State


Division of Corporations
Attention: New Filings Section

TO WHOM IT MAY CONCERN:

This is to advise you that the owners of SERVICES DUBAI S.O., LLC., Document No. L15000116862 are the same owners of the attached articles of organization. That LLC is dissolved and we have no intent of reopening it.

Thank you for your help in this matter.

Sincerely yours,


Oscar M. Quiroz
AMBR

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