Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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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.

ALAYON SOLUTIONS & SERVICES LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Alayon Solutions & , Services LLC		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	 .	
13455 SW Z77+4 LN/ Mani fla 33032		
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (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.) Lian Alayon Do La PAZ	19 FEB 26	40 ROISIAIC
Was Glayon De la Paz	21 FG 9	
13455 SW 277 M/N Himi fla 33032	75	ATIONS
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)		-
Ivan alaym De la Pan (AMBR)		-
Ivan alaym De la Pan (AMBR) 13455 SW 277th LN Afrani fla 33032		<u>.</u>
		-

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Typed or printed name of signee

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)

SECOND REQUEST ATT TYRON



February 12, 2019

FLORIDA DEPARTMENT OF STATE Division of Corporations

PEDRO LUZQUINOS

SUBJECT: YEM CLEANING CORP

REF: W19000013805

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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L17000077501-YAM CLEANING LLC,

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

Tyrone Scott Regulatory Specialist II New Pilings Section

FAX Aud. #: H19000047883 Letter Number: 919A00003016