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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : FLORIDA MULTISERVICES, INC.
Account Number : I20150000061
Phone : (786)290-3319
Fax Number : (305)645-2035

SECRETARY OF STATE
TAMM L. HASSER, FLORIDA
19 OCT - 8 PM 6:16

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

Email Address: flmultiservices@yahoo.com

FLORIDA LIMITED LIABILITY CO. HAPPINESST, 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: HAPPINESST, 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:

PAMELA ALEGRIA

Name of Person

HAPPINESST, LLC.

Firm/Company

14460 SW 75 AVENUE

Address

PALMETTO BAY, FL 33158

City/State and Zip Code

FLMULTISERVICES@YAHOO.COM

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

For further information concerning this matter, please call:

PAMELA ALEGRIA

786

863-5288

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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TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HAPPINESST, 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:

14460 SW 75 AVENUE
PALMETTO BAY, FL 33158

SAME

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:

PAMELA ALEGRIA

Name

14460 SW 75 AVENUE

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

MIAMI

FLORIDA

33158

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.

Pamela Alegria

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

MGR

Name and Address:

PEDRO J. ALEGRIA

14460 SW 75 AVENUE

PALMETTO BAY, FL 33158

MGR

PAMELA ALEGRIA

14460 SW 75 AVENUE

PALMETTO BAY, FL 33158

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/02/2019. (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:

x *Pamela Alegria*

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.

PAMELA ALEGRIA

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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HAPPINESST, LLC.
14460 SW 75 AVENUE
PALMETTO BAY, FL 33158
Phone: 786-863-5288

October 2, 2019

FLORIDA DEPARTMENT OF STATE

Attention: New Filings Section

TO WHOM IT MAY CONCERN:

This is to advise you that the owners of HAPPINESST, LLC., Document No. 118000183023 are the same owners of the attached articles of incorporation. We have dissolved the company on September 27, 2019 and have no intent of reopening it.

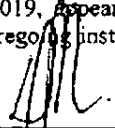
Thank you for your help in this matter,

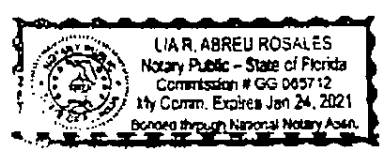
Sincerely yours,

x Pamela Alegria
Pamela Alegria

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

BEFORE ME, the undersigned authority, on October 2, 2019, appeared PAMELA ALEGRIA, who is personally known to me, and acknowledged that she executed the foregoing instrument for the purposes expressed therein.


LIA R. ABREU ROSALES, NOTARY PUBLIC, State of Florida



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