

L200000 77266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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To: Florida Department of State.

Corporations Division.

04/20/2020

My name is ARIEL RAUL ALFONSO, my phone number is 407-485-3027, and my mailing address is 1310 W 38Th St, Hialeah, Florida, 33012.

My company was named ALFONSO ALL SERVICES LLC, it was created on 03/09/2020 with the number L0000077266.

This is a cover letter whose reason is to add me as an authorized person and complete the opening of my company's bank account at the Wells Fargo branch.

A check payable for \$ 60.00 is attached for fees, certificates and certified copies.

Aware of your comments and thank you in advance for your collaboration,

Regards,

Ariel Alfonso

A: Departamento de Estado de Florida.

División de Corporaciones.

04/20/2020

Mi nombre es ARIEL RAUL ALFONSO, mi número de teléfono es 407-485-3027 y mi dirección postal es 1310 W 38Th St, Hialeah, Florida, 33012.

Mi compañía se nombra ALFONSO ALL SERVICES LLC, fue creada el 03/09/2020 con el numero L0000077266.

Esta es una carta de presentación cuyo motivo es agregarme como persona autorizada y completar la apertura de la cuenta bancaria de mi compañía en la sucursal de Wells Fargo.

Se adjunta un cheque pagadero por \$ 60.00 para las tarifas, certificados y las copias certificadas.

Al tanto de sus comentarios y agradecer de antemano su colaboración,

Saludos,

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALFONSO ALL SERVICES L.L.C

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARIEL RAUL ALFONSO

Name of Person

ARIEL RAUL ALFONSO/ALFONSO ALL SERVICES L.L.C

Firm/Company

1310 W 38TH ST

Address

HIALEAH/FLORIDA 33012

City/State and Zip Code

arielalher1972@gmail.com

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

For further information concerning this matter, please call:

ARIEL R. ALFONSO

407

485-3027

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2115 N. Monroe Street, Suite 910
Tallahassee, FL 32304

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April, 20 2020

Signature of a member or authorized representative of a member

ARIEL RAUL ALFONSO

Typed or printed name of signee