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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

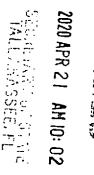
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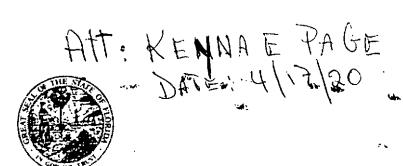
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 27, 2020

MARIE F FRANCOIS **331 NE 150 STREET** MIAMI, FL 33161

SUBJECT: VARIETY STORE PLUS MULTI SERVICE, L.L.C.

Ref. Number: W20000027904

We have received your document for VARIETY STORE PLUS MULTI SERVICE, L.L.C. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

of your document,

Letter Number: 720A0000673E3

PH 4: 30 If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II



March 17, 2020

MARIE F FRANCOIS 331 NE 150 STREET MIAMI, FL 33161

SUBJECT: VARIETY STORE PLUS MULTI SERVICE, L.L.C.

Ref. Number: W20000027904

We have received your document for VARIETY STORE PLUS MULTI SERVICE, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Keyna E Page Regulatory Specialist II

CAS BILLON CO ALT II-

Letter Number: 420A00005792

COVER LETTER

	New Filing Sec Division of Co				
CUDIEC		ore Plus Multi Se	rvices, L.L.C		
SUBJEC	.1: <u></u>	Nan	ne of Limited Li	ability Company	
The encl	osed Articles of	Organization and	fee(s) are submi	tted for filing.	
Please re	turn all correspo	ondence concerning	g this matter to t	he following:	
	Marie F. Fr	ancois			
			Nam	e of Person	
	Variety Sto	re Plus Multi Sen	/ice, L.L.C.		
			Firm	/Company	
	331 NE 15	0 Street			
			Λ	ddress	_
	Miami Flori	ida, 33161			
	mariefrancoi	s124@comcast i	-	e and Zip Code mel1804@gmail.com	
			· · · · · · · · · · · · · · · · · · ·	ire annual report notifica	tion)
For further	r information co	ncerning this matte	er, please call:		
	DUCARME	L Barosy	305	733- 3841	
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	on Filing Fee	he following amou ☐\$130.00 Filin Certificate of St	g Fee & 📋	\$155.00 Filing Fee & rtified Copy tional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	ng Address iling Section on of Corporations lox 6327 assee, FL 32314		Street Address New Filing Section I The Centre of Tallal 2415 N. Monroe Str Tallahassee, FL 323	nassee eet, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Variety Store Plus Multi Service, L.L.C.

(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:
331 NE 150 Street, Miami Flonda, 33161	331 NE 150 Street, Miami Florida, 33161

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:

DUCARMEL Barosy		
	Name	
21 SW 63rd Avenue		
Florida street addres	s (P.O. Box <u>NOT</u> ac	ceptable)
Plantation	Florida	33317
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 again as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)



ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

MGR* = Manager Mane F Francos 331 NE 150 Street Mann-Fords 33161 MORR DUCARMEL Barosy 21 SW 63rd Street Plantation Florids 33317 Die attachment if necessary) V: Effective date, if other than the date of filing: 9227/2020 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing) VI: Other provisions, if any. Signature of a member of 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 8.817.155, F.S. Typed or mining transcripts.	<u>l'itle:</u> AMBR" = Authorized Member	
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