4/11/2020 Division of Corporations

L20000129323

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 : POMARES ACCOUNTING SOLUTIONS
Account Number : 120190000043
Phone : (786)314-1371
Fax Number : (786)228-0049

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

Email Address: ivispomares@hotmail.com

FILED
2020 MAY 18 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
(A.R. SERVICES, LLC)

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$125.00

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2020 MAY 18 AM 8:25

5/19/2020

April 27, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

POMARES ACCOUNTING SOLUTIONS

SUBJECT: ANDY R SERVICES LLC
REF: W20000041137

We have received your document for ANDY R SERVICES LLC and your check(s) totaling $. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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

Marti Simmons
Regulatory Specialist II
New Filing Section

FAX Aud. #: H20000116918
Letter Number: 420A00008624

P.O. BOX 6327 – Tallahassee, Florida 32314

April 23, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

POMARES ACCOUNTING SOLUTIONS

SUBJECT: A.R. SERVICES, LLC
REF: W20000040210

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.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L19000264340.

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.

Lillie S Kervin
Regulatory Specialist II

FAX Aud. #: H20000116918
Letter Number: 620A00008456

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COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: ANDY R. SERVICES, 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:

IVON POMARES
Name of Person

POMARES ACCOUNTING SOLUTIONS, LLC
Firm/Company

3425 NW 14TH ST
Address

MIAMI, FL 33125
City/State and Zip Code

IVISPOMARES@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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2020 MAY 18 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

IVON POMARES	at (786)	314-1371
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

ANDY R. SERVICES, 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:**
5 OLIVE DRIVE	5 OLIVE DRIVE
HIALEAH, FL 33010	HIALEAH, FL 33010

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:

POMARES ACCOUNTING SOLUTIONS, LLC
Name

3425 NW 14TH ST
Florida street address (P.O. Box **NOT** acceptable)

MIAMI	FL	33125
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:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	ANDY RODRIGUEZ 5 OLIVER DRIVE HIALEAH, FL 33010

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/15/2020 (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.
THE GENERAL PURPOSE FOR WHICH THE COMPANY IS ORGANIZED IS TO TRANSACT ANY LAWFUL BUSINESS FOR WHICH A LIMITED LIABILTY COMPANY MAY BE ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA.

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.

ANDY RODRIGUEZ
Typed or printed name of signee

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2020 MAY 18 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)