Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

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To:	Division of Fax Number	Corporations : (850)617-63	81		
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7/8/2020

Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

Help

\$130.00

# COVER LETTER

	New Filing Sec Division of Cor				
SUBJEC		WORLD LLC			
SUBJEC	-1-	Nar	ne of Limited Lia	bility Company	
The encl	osed Articles of	Organization and	fee(s) are submit	ted for filing.	
Please re	tum all correspo	ondence concernin	g this matter to th	ne following:	
	ELVIS DIA	<u> </u>			
		<u></u>	Name	of Person	
	ASLAN TA	X SERVICES IN	2		
			Firm	/Company	•
	762 SW 18T	H AVFNUE			
			A	ddress	
	MIAMI FL	33135			
	ELVIS@ASL	ANTAXSERVIC	-	and Zip Code	
	]	E-mail address: (10	be used for futu	re annual report notiticat	ion)
For furthe	r information co	ncerning this matt	er, please call;		
	ELVIS DIAZ	2	305 at (	644-9144	
	Nam	e of Person		e Daytime Telephon	e Number
Enclosed	d is a check for t	he following amoi	int:		
	00 Filing Fee	■\$130,00 Filit Certificate of S	ng Fee & □5 status Cer	5155.00 Filing Fee & nified Copy ional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	ng Address illing Section on of Corporation fox 6327 assec, F1, 32314	s	Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee .ct, Suite 810

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Fax Services

## INKATAY WORLD 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:
762 SW 18TH AVENUE	762 SW 18TH AVENUE
MIAMI F1. 33135	MIAMI FL 33135

# 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:

SANTIAGO PILLA	DO MATHEU	
	Name	
1800 NE 199 STREI	E <b>T</b>	
Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)
MIAMI	FL	33179
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..

Allactury
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Men	ber	
"MGR" = Manager		
MGR	SANTIAGO PILLADO MATHEU	-
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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)