

10/23/2020

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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 : ACCOUNTING PERFECT SOLUTIONS CORP
Account Number : I20140000109
Phone : (786)316-5772
Fax Number : (786)549-5991

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
INTERLABORATORY TEST LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

J. FASON

OCT 27 2020

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: INTERLABORATORY TEST 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:

MARIANO EZEQUIEL PALACIOS

Name of Person

INTERLABORATORY TEST LLC

Firm/Company

815 NW 57 AVE Ste: 200-6

Address

MIAMI, FL 33126

City/State and Zip Code

yudeisymel@gmail.com

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

For further information concerning this matter, please call:

YUDEISY MELENDEZ

786

316-5772

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

INTERLABORATORY TEST 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:815 NW 57 AVE Ste: 200-6
MIAMI, FL 33126**Mailing Address:**815 NW 57 AVE Ste: 200-6
MIAMI, FL 33126**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:

MARIANO EZEQUIEL PALACIOS

Name

815 NW 57 AVE Ste: 200-6

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

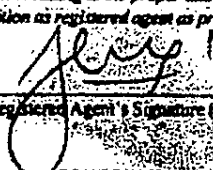
MIAMI FL 33126

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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FILED

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

MARIANO EZEQUIEL PALACIOS
815 NW 37 AVE Ste. 200-6
MIAMI, FL 33126

AMBR

RIQUETA LOPEZ
111 NW 37 AVE Ste. 200-6
MIAMI, FL 33126

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

[Handwritten 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 is a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

MARIANO EZEQUIEL PALACIOS

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 38.80 Certified Copy (Optional)

\$ 5.80 Certificate of Status (Optional)

0.

FILED
2020 OCT 26 AM 10:05
STATE
OFFICE