vision of Corporations Electronic Filing Cover Sheet

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[	Address.			

## FLORIDA LIMITED LIABILITY CO. **CUTE SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

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## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: **CUTE 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: Mailing Address: Principal Office Address: 9203 FONTAINEBLEAU BLVD 9203 FONTAINEBLEAU BLVD **UNIT 102 UNIT 102** MIAMI, FLORIDA 33172 MIAMI, FLORIDA 33172 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 husiness entity with an active Florida registration.) The name and the Florida street address of the registered agent are: LUIS F. HIDALGO UGARTE Name 9203 FONTAINEBLEAU BLVD, UNIT 102

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..

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

<u>МІАМ</u>І

City

Registered Agent's Signature (REQUIRED)

FLORIDA-

State

Zip

(CONTINUED)

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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	
MGR	SUSEL FIALLO OUINTANA
	9203 FONTAINEBLEAU BLVD. UNIT 102
	MIANII, FLORIDA 33172
•	
MGR	LUIS F. HIDALGO UGARTE
	9203 FONTAINEBLEAU BLVD. UNIT 102 MIAMI, FLORIDA 33172
	MIAMI, PLURIDA 33172
•	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the	he date of filing: 01/16/2021 (OPTIONAL)
	t be specific and cannot be more than five husiness days prior to or 90 days after
the date of filing.)	The Control of Control
	es not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Depar	riment of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	

Signulare of a mamber of an authorized representative of a mamber.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any labe informating subscripted in a document to the Department of State constitutes. These desires follow unique field for in 2.817.155, F.S.

ped or printed name of signer

Filing Fees:

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

5 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)