24/3/2021

Division of Corporations



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.

(((H210001189273)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ISAMAR TORRES Account Number : I20200000137 Phone : (786)660-0108 Fax Number : (305)503-7123

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

Email Address: onestopsolutionsfl@gmail.com

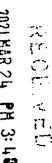
FLORIDA LIMITED LIABILITY CO. GROMERO CONSULTANT, LLC

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

Corporate Filing Menu

Help

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Electronic Filing Menu

Tallahassee, FL 32314

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COVER LETTER

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G SUBJECT:	ROMERO	CONSULTANT, L	LC						
SUBJECT:		Name o	fLim	ited Liabil	ity Corpany				
The enclosed A	rticles of C	Organization and fee(s) are	submitted	l for filing.				
Please return al	l correspoi	ndence concerning th	is mat	tter to the	following:				
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Sur	nny Isles E	Beach, Florida, 33160			<u> </u>				
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or further infor	mation con	cerning this matter, p	olease	call:			ATT	2021 MAR 24	- T
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	Divisio	ling Section in of Corporations ox 6327			New Filing Section D The Centre of Tallah 2415 N. Monroe Street	assee			

Tallahassee, FL 32303

From: Jacqueline Jaime

(((11210001189273)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

GROMERO CONSULTANT, 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:

Sunny Isles Beach, Florida, 33160

Sunny Isles Beach, Florida, 33160

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:

Romero Farfan Gonzalo

Nino

16909 North Bay Rd Apt 212

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

Sunny Isles Beach Florida 33160

Chy 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 fis appacity. 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 Clepts 605. IFS

Registered Agency's Significant (DEQUINED)

(CONTINUED)

(((H210001189273)))

2021 HAR 24 PM 2: 27

From: Jacqueline Jaime

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

ARTICLE IV-

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(Use attachment if necessary) EV: Effective date, if other than the date of filing 03/24/2021 (OPTIONAL) ettive date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records. EVI: Other provisions, if any. REQUIRED SIGNATURE: Demand Fandar General Signature of a member or an of thorizing representative of a member. This document is executed in accordance with section 603.0203 (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. Rometo Farfan Gonzalo Typed or printed name of signe Filing Fees:		thorized Member		
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