

L21000123072

Florida Department of State
Division of Corporations
Filing Cover Sheet

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((H210001171363))



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To:
Florida Department of Corporations
Filing Cover Sheet (330)617-6331

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**FLORIDA LIMITED LIABILITY CO.
MEDITERRANEO SERVICES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

MAR 25 2021

T. SCOTT



March 25, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations
EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: MEDITERRANEO SERVICES, LLC
REF: W21000039757

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.

Need complete Registered Agent and Member signatures. Initials are not acceptable.

Please return the corrected original and one copy of 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.

Steve J Kurisko
Regulatory Specialist II
New Filings

FAX Aud. #: H21000117136
Letter Number: 621A00006260

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MEDITERRANEO 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:

114 NW 33 AVE

APT: 114 G

MIAMI, FL 33125

SAME

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:

DAYNE RODRIGUEZ FERNANDEZ

Name

114 NW 33 AVE APT: 114 G

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..

Dayne Rodriguez Fernandez
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 FEB 25 PM 4:31
FALLA ROSTER, CLERK

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

DAYNE RODRIGUEZ FERNANDEZ

114 NW 33 AVE APT: 114 G

MIAMI, FL 33125

(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 of 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 on the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Dayne Rodriguez Fernandez
Dayne Rodriguez Fernandez (s. 817.02(1)(b), F.S.)
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.

DAYNE RODRIGUEZ FERNANDEZ

Typed or printed name of signee

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)