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(((H21000136042 3)))



H210001360423ABCT

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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

MPR -6 AMII:

FLORIDA LIMITED LIABILITY CO. GARCIA CONSULTANTS LLC

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Corporate Filing Menu

Help

(((H21000136042 3)))

From; Jacqueline Jaime

(((H210001360423)))

COVER LETTER

GARCIA CONSULTANTS LLC	
CUDICCT.	
SUBJECT: 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:	
JORGE ENRIQUE GARCIA NARREA	
Name of Person	
egon (a)	
Firm/Company	
5990 NE 4TH CT APT 5	
Address	
MIAMI, FLORIDA, 33137	
City/State and Zip Code	
COCOLICHEGN@HOTMAIL.COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
JORGE GARCIA 954 2560562	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	202
■\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy □ (additional copy is enclosed)	2021 APR -6 PI
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 Tallahassee, Fl. 32314 Tallahassee, Fl. 32314	H 2: 22

From: Jacqueline Jaime

(((H210001360423)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	Company is:	
GARCIA CONSULTA	ANTS LLC	
(Must contai	n the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	tress of the principal office	of the Limited Liability Company is:
<u>Principal</u>	Office Address:	Mailing Address:
5990 NE 4TH CT AP	Γ5	5990 NE 4TH CT APT 5
MIAMI, FLORIDA, 3	3137	MIAMI, FLORIDA, 33137
ARTICLE III - Registered Agen (The Limited Liability Company of another business entity with an ac	annot serve as its own Regi tive Florida registration.)	stered Agent. You must designate an individual or
	ISAMAR TORRES	
	Na	ne
	4167 NW 135TH ST	
	Florida street address (P.0	D. Box <u>NOT</u> acceptable)

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..

OPA LOCKA

City

Registered Agent's Signature (REQUIRED)

FLORIDA

State

33054

Zip

(CONTINUED)

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• • Page: 5 of 5

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Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	IOD OF ENDIOLES OF BOLL MADDE
MGR	JORGE ENRIQUE GARCIA NARREA 5990 NE 4TH CT APT 5
	MIAMI, FLORIDA, 33137
	AMBLIANA MARTINONIO
AMBR	MIRJANA MARTINOVIC 18265 SE HERITAGE DR
	JUPITER, FLORIDA, 33469
	
(Use attachment if necessary)	
LE V: Effective date, if other than the feetive date is listed, the date must be of filling.)	date of filing: 04/06/2021 (OPTIONAL) re specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be nent of State's records.
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