7/4/2021

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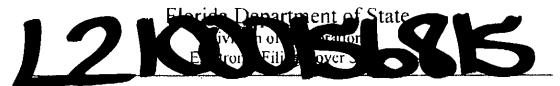
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From: Jacqueline Jaime

Division of Corporations

(((H21000139673 3)))



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.

(((H21000139673 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ISAMAR TORRES Account Number : I2020000137 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

APR 13 PH 4: 42

FLORIDA LIMITED LIABILITY CO. PARACOTOS R LLC

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

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Corporate Filing Menu

Help

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COVER LETTER

	Yew Filing Se Division of Co					
SUBJECT		TOS R LLC				
SOBJEC	·	Name of Li	mited Liability Corpus	<u></u>		
The enclo	sed Articles of	f Organization and fee(s) a	re submitted for filing.			
Please reti	urn all corresp	ondence concerning this m	atter to the following:			
	ADALIS R	ODRIGUEZ MORENO				
			Name of Person			
		Adalii	r Rodriguez Moren Firm Company	<i>o</i>		
			Firm/Company			
	4560 NW 1	07TH AVE APT 102	Adtress			
	DODAL B	LORIDA, 33178	Adres			
			7' C.			
	ONESTOPS) OLUTIONSFL@GMAIL	City/State and Zip Code COM			
		E-mail address: (to be used	for future annual report notificat	ion)		
For further	information co	oncerning this matter, pleas	e call:			
	ISAMAR TO	ORRES 7	86 6600108		:	
	Distr		Area Code Daytime Telephor	ne Number	``	
Enclosed	is a check for t	the following amount:			-1	7.
≣\$125,0	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is €40	· . · · · · · · · · · · · · · · · · · ·	ا
	Maili	na A duleace	Comput Adulment			

<u>MailingAddress</u>

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

(((H210301396733)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: ADALIS RODRIGUEZ MORENO (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:
4560 NW 107TH AVE APT 102	4560 NW 107TH AVE APT 102
DORAL, FLORIDA, 33178	DORAL, FLORIDA, 33178

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:

ISAMAR TORRES		
	Nino	•
4167 NW 135TH \$1	г _	
Florida street addres	ss (P.O. Box <u>NOT</u> acce	ptable)
OPA LOCKA	FLORIDA	33054
Cly	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. Thereby accept the appointment as registered agent and agree to act in Fis capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance f my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Apptr 605, FS

Registered Agent's Signature (REQUEED)

(CONTINUED)

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(((H21000139673 3)))

From: Jacqueline Jaime

as

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	ADALIC PODPICUEZ MORENO	
MGR	ADALIS RODRIGUEZ MORENO 4560 NW 107TH AVE APT 102	
	DORAL, FLORIDA, 33178	
(Use attachment if necessary)	the data of filing (OPTIONAL)	
CLEV: Effective date, if other than the effective date is listed, the date must be of filling.)	the date of filing:	
CLEV: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block document's effective date on the Department.	st be specific and cannot be more than five business days prior to or 90 or some state of the specific and cannot be more than five business days prior to or 90 o	
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CLEV: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block document's effective date on the Department's effective date	es not meet the applicable statutory filing requirements, this date will not artment of State's records. Adalia Rodriguez Morono of a member or an authorized representative of a member. Is executed in accordance with section 605.0203 (1) (b). Florida Statutes, any talse information submitted in a document to the Department of State	

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)

· (((H2100013967<u>3</u>;3)))