

5/13/2021

Division of Corporations

(((H21000193523 3)))

21000235931

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.

(((H21000193523 3)))



H210001935233ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : ISAMAR TORRES
Account Number : 120200000137
Phone : (786)660-0108
Fax Number : (786)364-1047

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

Email Address: info@yourdreamms.com

FLORIDA LIMITED LIABILITY CO. CLAG SERVICES LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

(((H21000193523 3)))

850-617-6381

5/17/2021 12:36:34 PM PAGE 1/001 Fax Server

(((H21000193523 3)))



May 17, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ISAMAR TORRES

SUBJECT: CLAG SERVICES LLC
REF: W21000068367

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.

Registered agent name must be listed exactly as it appears on DOS records

An individual must sign on behalf of the business entity you have designated as the registered agent.

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. #: H21000193523
Letter Number: 221A00010333

(((H21000193523 3)))

(((H21000193523 3)))

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CLAG SERVICES LLC
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:

CHRISTIANE VEGA

Name of Person

Christiane Vega
Firm/Company

800 WEST AVE APT 714

Address

MIAMI BECH, FLORIDA. 33139

City/State and Zip Code

CLAG.SERVICES.LLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTIANE VEGA

305

8899269

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

(((H21000193523 3)))

(((H21000193523 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLAG 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:800 WEST AVE APT 714MIAMI BEACH, FLORIDA 33139800 WEST AVE APT 714MIAMI BEACH, FLORIDA 33139

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:

YOUR DREAM MULTISEVICES

Name

8300 NW 53RD ST SUITE 350Florida street address (P.O. Box **NOT** acceptable)MIAMIFLORIDA33166

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..

Your Dream Multiservices

Registered Agent's Signature (REQUIRED)

(CONTINUED)

(((H21000193523 3)))

18506176381

(((H21000193523 3)))

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:MGRCHRISTIANE VEGA800 WEST AVE APT 714MIAMI BEACH, FLORIDA, 33139______________________________

(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 after 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 as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any._____

_____**REQUIRED SIGNATURE:**Christiane Vega

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.CHRISTIANE VEGA

Typed or printed name of sign

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)**

(((H21000193523 3)))