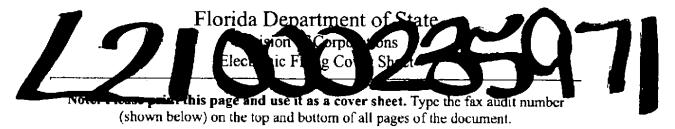
5/20/2021

**Division of Corporations** 



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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 : PEREZ ARCHE AN ACCOUNTING & TAX SERVICES INC

Account Number : 120070000033 Phone : (305)649-7040

Fax Number : (305)643-3237

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

Email Address: araicaisabel egmail. com

# FLORIDA LIMITED LIABILITY CO. CAE SERVICES GROUP LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

2021 HAY 20 AH 12: 52

## COVER LETTER

TO: New Filing S  Division of C			
CUB IECT.	CAE SERVI	CES GROUP LLC	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
	AN	IA ISABEL ARAICA	
		Name of Person	
	PEREZ ARCHE AN	ACCOUNTING AN TAX SER	VICE
		Firm/Company	
	4011 W	FLAGLER ST STE 501	
		Address	
	CORAL	GABLES, FL 33134	
<del></del>		ty/State and Zip Code	
		SABEL@GMAIL.COM	
	E-mail address: (to be used	for future annual report notificat	ion)
For further information	concerning this matter, please	call:	
ERNESTO	O A PERERA CAMPO' 3 at (	05 649-7040	
N N		ea Code Daytime Telephon	e Number
Enclosed is a check for	r 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)
Mai	iling Address	Street Address	

**New Filing Section** Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303

ARTICLE IV-

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.  Typed or printed name of Registered Agent  Filing Fees:  125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	<u>Title:</u>	Name and Address:
See attachment if necessary)  V: Effective date, if other than the date of filing:		
ATTACHED EIN NUMBER 86-3747787 PLEASE ADD  EQUIRED SIGNATURE:  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.  Typed or printed name of signee  Elling Fees:  1125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	MGR" = Ma	anager
NAPLES, FL 34116  NAPLES, FL 34116  V: Effective date, if other than the date of filing:	<u>MGR</u>	
V: Effective date, if other than the date of filing:		4100 GOLDEN GATE PARKWAY STE 403
V: Effective date, if other than the date of filing:		NAPLES, FL 34116
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	V: Effective tive date is I filing.) he date inserent's effective VI: Other process.  EOUIRED  \$125.00 Filings 30.00 Cer	Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statut I am aware that any false information submitted in a document to the Department of Statut I am aware that any false information submitted in a secondance of signee  Filting Fees:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	CAE SERVIC	CES GROUP L	LC
(Must contain t	he words "Limited Liab	ility Company, '	"L.L.C.," or "LLC.")
CLE II - Address: illing address and street addre	ss of the principal office	of the Limited	Liability Company is:
Principal O	ffice Address:		Mailing Address:
4100 GOLDEN GATE P	ARKWAY STE 403	4100	GOLDEN GATE PARKWAY STE
NAPLES,FL 34116  CLE III - Registered Agent, imited Liability Company can rousiness entity with an activ	not serve as its own Reg	egistered Agen	rt's Signature: You must designate an individual or
CLE III - Registered Agent, imited Liability Company can	not serve as its own Reg re Florida registration.)	egistered Agen istered Agent. Y	it's Signature:
CLE III - Registered Agent, imited Liability Company can business entity with an activ	not serve as its own Reg re Florida registration.)	egistered Agent. Yent are:	it's Signature: You must designate an individual or
CLE III - Registered Agent, imited Liability Company can business entity with an activ	not serve as its own Reg re Florida registration.) ress of the registered age ERNESTO A PE	egistered Agent. Yent are:	it's Signature: You must designate an individual or
CLE III - Registered Agent, imited Liability Company can business entity with an activ	not serve as its own Reg re Florida registration.) ress of the registered age ERNESTO A PE	egistered Agent. Vistered Agent. Vint are:  CRERA CAMPO	et's Signature: You must designate an individual or
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CLE III - Registered Agent, imited Liability Company can rousiness entity with an active me and the Florida street address.	not serve as its own Reg re Florida registration.) ress of the registered age ERNESTO A PE Na 4100 GOLDEN GA	egistered Agent. Vent are:  CRERA CAMPOune	ot's Signature: You must designate an individual or OY STE 403

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

Date of this notice: 05-10-2021

Employer Identification Number:

86-3747787

Form: SS-4

Number of this notice: CP 575 G

CAE SERVICES GROUP LLC ERNESTO A PERERA CAMPOY SOLE MBR 4100 GOLDEN GATE PKWY STE 403 NAPLES, FL. 34116

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 86-3747787. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553. Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

#### IMPORTANT RENINDERS:

- Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all , Y. . your federal tax forma. · ) ----
- Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is CAES. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

(IRS USE ONLY) 575G

05-10-2021 CAES O 9999999999 SS-4

777-62-2576.

Keep this part for your records. CP 575 G (Rev. 7-2007) -----

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 05-10-2021

EMPLOYER IDENTIFICATION NUMBER: 86-3747787

FORM: SS-4

NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 

CAE SERVICES GROUP LLC ERNESTO A PERERA CAMPOY SOLE MBR 4100 GOLDEN GATE PKWY STE 403 NAPLES, FL 34116