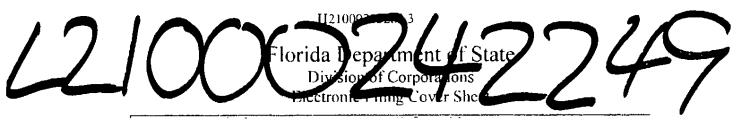
Page: 1 of 4

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From: Armando Vasquez.



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.

(((H21000205283 3)))



H210002052833ABCX

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

: (850)617-6381 Fax Number

From:

Account Name : ARMANDO TAXES LLC

Account Number : I20200000170 : (305)803-4427 Phone Fax Number : (305)402-6230

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

Email Address: ARMANDO@ARMANDOTAXES.COM

FLORIDA LIMITED LIABILITY CO.

Shopp.ai LLC

C	
Certificate of Status	
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

то:	New Filing Sec Division of Co					
aun in	Shopp.ai					
SUBJE	CT:		of Limited	Liability Corpus		
The enc	losed Articles of	Organization and fe	e(s) are sub	mitted for filing.		
Please r	eturn all correspo	ondence concerning	this matter t	o the following:		
	Armando V	'asquez				
			No	ime of Pesch	·	
	Armando T	axes LLC				
	·	, ,, , , , , <u>, , , , , , , , , , , , ,</u>	Fi	mConpay		
	5721 NW 1	12th Ave # 108				
				Attres	·····	
	Doral, FL 3	3178				
			•	tate and Zip Code		
		rmandotaxes.com				
	1	E-mail address: (to b	e used for f	uture annual report noti-	tication)	
For further	er information co	ncerning this matter	, please call	:		
	Armando V	asquez	305 at (803-4427		
	- Din	n of Person	Area C	ode Daytime Telep	phone Number	
Enclose	d is a check for t	he following amoun	t:			
□\$125	.00 Filing Fee	■\$130.00 Filing Certificate of Sta	tus	□\$155.00 Filing Fee & Certified Copy Iditional copy is enclose	Certificate ed) Certified C	Filing Fee, of Status & Copy opy is end (xec)
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	P.O. B	lox 6327 assee, FL 32314		2415 N. Monroe Tallahassee, FL 3	Street, Suite 810	<u>;</u> 24

121 HAY 24 AM 10: 35

H21000205283 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	T	IC	LI	ΕI	-	١	а	me	:
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The name of the Limited Liability Company is:

(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:		
17890 NE 31st CT Apt 3225	17890 NE 31st CT Apt 3225		
Aventura, Ft. 33160	Aventura, FL 33160		

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:

	Nino	
17890 NE 31st CT Apt 32	25	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
	FL	33160
Aventura		

Having been named as registered agent and to accept service of process for the above stated limited liability company \boldsymbol{a} the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in \boldsymbol{I} is expacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance \boldsymbol{g} my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for \boldsymbol{i} in Cupter 605. ISS

Registered Agent's Signature (4EQ) PED

(CONTINUED)

Page: 4 of 4

H21000205283 3

	tle:	Name and Address:	
	MBR" = Authorized Member		
"N	4GR" = Manager		
<u>.</u>	AMBR	Yerlanare Dizz	
		17890 NE 31st CT Apr 3225	
		Aventura, FL 33160	
_			
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	M. Perinting day 16 september 4	he date of filing (OPTIONAL)	
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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)