

9/3/2021

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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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 : I20070000033
Phone : (305)649-7040
Fax Number : (305)643-3237

SEP 03 2021
TALLAHASSEE, FLORIDA
9:56 AM

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

Email Address: Orbicaaisabel@gmail.com

FLORIDA LIMITED LIABILITY CO.
NGAP SERVICES LLC

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

SEP 03 2021
3 PM 4:37

9/17/21
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NGAP 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:

Ana Isabel Araica
Name of Person
Perez Arche and Accounting & Tax Service
Firm/Company
4011 W. Flagler St Ste 501
Address
Coral Gables, FL 33134
City/State and Zip Code
Araica.isabel@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Neisy Garcia at (305) 649-7040
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NEAP 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:9351 Fontainebleau Blvd
Ste B301
Miami - FL 33172Mailing Address:4011 W. Flagler st
ste 502
Coral Gable, FL 33134

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:

Neisy Garcia
Name9351 Fontainebleau Blvd ste B301
Florida street address (P.O. Box ~~NOT~~ acceptable)
Miami FL 33172
City State ZipSTATE OF FLORIDA
TALLAHASSEE, FLORIDA

2021 SEP 03 AM 9:56

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..

Neisy Garcia
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR**Name and Address:**Naisy Garcia
9351 FONTAINEBLEAU Blvd Ste B301
MIAMI - FL 33172

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 03-03-2011 BY 60322
UCBAW

2011-03-03 11:09:58

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09-03-2021 (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:Please Add EIN: 87-2482660**REQUIRED SIGNATURE:**Naisy Garcia

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.

Naisy Garcia

Typed or printed name of signee

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)