

L2100043365F

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

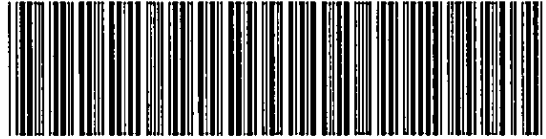
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/30/21--01011--030 **125.00

SECRETARY OF STATE
TALLAHASSEE, FL

2021 SEP 30 PM 8:33

FILED

OSCAR M. QUIROZ
2384 SW 9TH STREET
MIAMI, FL 33135

September 23, 2021

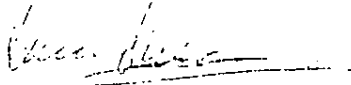
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: SERVICES DUBAI S.O. LLC

This letter is to advise you that the owner of **SERVICES DUBAI S.O. LLC**. Document NO. L18000233009 is the same owner of the enclosed articles of Organization. We have dissolved the limited liability company on September 27, 2020 and have no intent of reopening it.

Thank you for your attention to this matter.

Sincerely yours,

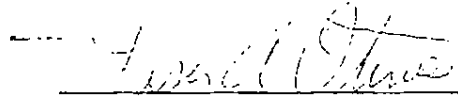


OSCAR M. QUIROZ
AMBR

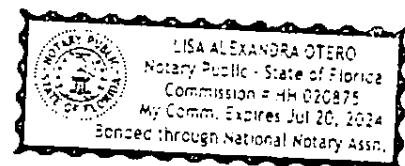
2021 SEP 30 PM 8:33
SERVICES DUBAI S.O. LLC
TALLAHASSEE, FL

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority appeared OSCAR M. QUIROZ, personally known to me, and acknowledged that he executed the foregoing instrument for the purposes expressed therein.
WITNESS my hand and seal in the State and County aforesaid, this 23rd day of September 2021.



Lisa Alexandra Otero
Notary Public
My Commission Expires: 07/20/2024



COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SERVICES DUBAI S.O. 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:

OSCAR M QUIROZ

Name of Person

SERVICES DUBAI S.O. LLC

Firm/Company

2384 SW 9th STREET

Address

MIAMI, FL 33135

City/State and Zip Code

oscarquiroz@me.com

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

For further information concerning this matter, please call:

OSCAR M QUIROZ 786 3906237
Name of Person at 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

2021 SEP 30 PM 9:33

RECEIVED
SEP 30 2021

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SERVICES DUBAI S.O. 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:

2384 SW 9th STREET
MIAMI, FL 33135

Mailing Address:

2384 SW 9th STREET
MIAMI, FL 33135

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:

OSCAR M QUIROZ

Name

2384 SW 9th STREET

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

FL

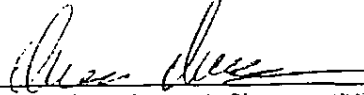
33135

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 SEP 30 PM 8:33
SECRETARY
TALLAHASSEE, FL
F011

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:

AMBR

OSCAR M QUIROZ
2384 SW 9th STREET
MIAMI, FL 33135

AMBR

JUAN P EXTRADA
2384 SW 9th STREET
MIAMI, FL 33135

(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.

NONE

REQUIRED 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.

OSCAR M QUIROZ

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)

SEP 30 2021
FILED
PM 6:33
FBI