

L2100513655

(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

V42100141440

M

T. SCOTT,

DEC 07 2021



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2021

RICHARD GRIMALDO
8590 SW 124 AVE
MIAMI, FL 33183

SUBJECT: MIAMI BUSINESS ASSOCIATES SERVICES LLC
Ref. Number: W21000141140

We have received your document for MIAMI BUSINESS ASSOCIATES SERVICES LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Fictitious name can not convert to llc.,

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 921A00026059

Tyrone Scott

11/24/2021

Division of Corporations

Tallahassee, Fl. 32314

RE: MIAMI BUSINESS ASSOCIATES SERVICES LLC.

Document# W21000141140

To whom it may concern:

As per our telephone conversation today, I am enclosing a new Articles of Organization filing for my company, Miami Business Associates Services, LLC.

I filed a conversion in error, and I want to file my company as a LLC only.

Also, I want to tell you that I already paid by check the \$150.00 for the original filing in error, and \$30.00 also by check for a correction which I thought was necessary when I noticed that it came out as a rejected filing when I took it to the bank. Thank you.

Sincerely Yours,

Richard Grimaldo CEO

Miami Business Associates Services, LLC

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Miami Business Associates 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:

Richard Grimaldo

Name of Person

Miami Business Associates Services, LLC

Firm/Company

8590 SW 124 Ave. #2006

Address

Miami FL 33183

City/State and Zip Code

rgrimaldo@outlook.com

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

For further information concerning this matter, please call:

Richard Grimaldo

786

585-5516

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Miami Business Associates 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:

8590 SW 124 Ave. #2006

Miami, FL 33183

Mailing Address:

PO BOX 960081

Miami, FL 33296

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:

Richard Grimaldo

Name

5227 SW 140 Pl.

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

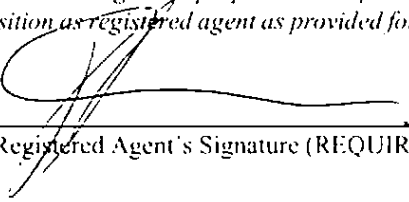
Miami, FL 33175

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)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

"CEO"

Name and Address:

Richard Grimaldo

5227 SW 140 Pl.

Miami, FL 33175

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/2022. (OPTIONAL)

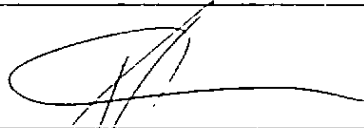
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

To provide Miami Business Associates and Miami Businesses with services that will increase their earnings and profits.

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.

Richard Grimaldo

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)