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.

(((H22000041564 3)))



H220000415643ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

To: 18506176381

Division of Componations

Fax Number : (850)617-6381

From:

Account Name : GSL ACCOUNTING SERVICES

Account Number : 120200000184 : (786)796-7993 Phone Fax Number : (754)217-5939

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

Email Address:\_

## FLORIDA LIMITED LIABILITY CO. ABKEANU AND PALACIO, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

## ABKEANU AND PALACIO, LLC

Electronic Filing Menu — Corporate Filing Menu

Heip

nz orgásoripis-efilosy, 🗪

1/ )

F11 €: 07

772FFT -2 FH 6:07

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "LLC," or "LLC.")

ABKEANU AND PALACIO, LLC ABKEANU AND PALACIO, LLC

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

5521 LINCOLN STREET HOLLYWOOD, FL 33021

## ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (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.)

GSL ACCOUNTING SERVICES 1001 N FEDERAL HWY STE 352 HALLANDALE BEACH, FL 33009

#### ARTICLE IV-

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

LUIS ABELARDO SALAS (MGM)

Page 1 of 2

### Required Signatures:



In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

#### LUIS ABELARDO SALAS

Typed or printed name of signee

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)

Page 2 of 2



February 2, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GSL ACCOUNTING SERVICES

SUBJECT: ANKEANU AND PALACIO, LLC

REF: W22000010879

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

We received your fax cover sheet, however, the document is missing. Please resubmit your filing.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham Regulatory Specialist II New Filing Section FAX Aud. #: H22000041564 Letter Number: 122A00002598