

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : TAX CENTER USA, LLC
Account Number : I20210000077
Phone : (305)828-9696
Fax Number : (305)828-9696 825-0027

3 pgs

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

Email Address: Taxcenterusa@live.com

FLORIDA LIMITED LIABILITY CO.
LOSADA MULTI-SERVICE, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HL

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LOSADA MULTI-SERVICE 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:

Mailing Address:

10090 NW 80TH COURT #1432
HIALEAH, FL 33016

SAME

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:

TAX CENTER USA, LLC

Name

7336 W 20TH AVE

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

HIALEAH

FL

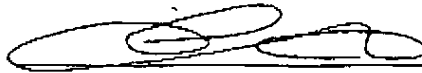
33016

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 and 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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TALLAHASSEE, FLORIDA

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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

Name and Address:

MGR

JUAN CARLOS LOSADA DIAZ
10090 NW 80TH COURT #1432
HIALEAH, FL 33016

MGR

RODOLFO DE LA GUARDIA LOSADO
10090 NW 80TH COURT #1432
HIALEAH, FL 33016

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 02/04/2022 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to 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

Any and all lawful Business.

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.

JUAN CARLOS LOSADA DIAZ

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)

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