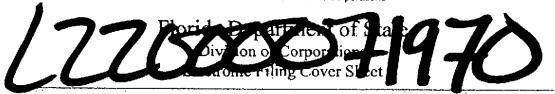
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Division of Corporations



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.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ACCOUNTING PERFECT SOLUTIONS CORP

Account Number : I20140000109 Phone : (786)316-577

Fax Number

: (786)316-5772 : (786)312-1878

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

Email Address:	
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## FLORIDA LIMITED LIABILITY CO. CARBONE SERVICES LLC

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

2022 FEB 21 PH 9: 56

Electronic Filing Menu

Corporate Filing Menu

Help

	COVER LETTER		
TO:	New Filing Section Division of Corporations		
SURIE	CARBONE SERVICES LLC		
JUM	Name of Limited Liability Company		
The en	nclosed Articles of Organization and fee(s) are submitted for filing.		
Please	e return all correspondence concerning this matter to the following:		
	LUSIEL GOMEZ ASCO		
	Name of Person		
	CARBONE SERVICES LLC		
	Firm/Company		
	12249 SW 195 TER		
	Address		
	MIAMI, FL 33177		
	City/State and Zip Code yudeisymel@gmail.com		
	E-mail address: (to be used for future annual report notification)		
For furth	ther information concerning this matter, please call:		
	LUSIEL GOMEZ ASCO 786 316-5772		
	Name of Person Area Code Daytime Telephone Number		
Enclose	sed is a check for the following amount:		
<b>≡\$12</b> :	25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	2022	
		? FEB 21 PH 9:5	T TO

## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

Milical	MORI WALLANT OF THE	DALLWITED LIABRIZET CONTRACT
ARTICLE I - Name: The name of the Limited Liability	Company is:	
CARBONE SERVICE		
(Must contain	n the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	iress of the principal office o	f the Limited Liability Company is:
<u>Principal</u>	Office Address:	Mailing Address:
12249 SW 195 TER		12249 SW 195 TER
MIAMI, FL 33177	<del></del>	MIAMI, FL. 33177
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac- The name and the Florida street ac-	annot serve as its own Regis tive Florida registration.)	tered Agent. You must designate an individual or
	LUSIEL GOMEZ ASCO	
	Nam	c
	12249 SW 195 TER	
	Florida street address (P.O.	Box NOT acceptable)

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..

State

MIAMI, FL 33177 City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

PILED
2021 FEB 21 PH 9: 56

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager  AMBR	LUSIEL GOMEZ ASCO 12249 SW 195 TER MIAMI, FL 33177
(Use attachment if necessary)	
ICLE V: Effective date, if other than the effective date is listed, the date must be ate of filing.)	date of filing:
	not meet the applicable statutory filing requirements, this date will not be listed tent of State's records.
ICLE VI: Other provisions, if any.	

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.

LUSIEL GOMEZ ASCO

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)

S 5.00 Certificate of Status (Optional)

as