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(((H22000119946 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ARMANDO TAXES LLC Account Number : I20200000178

Phone : (305)803-4427
Fax Number : (305)482-6230

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

Email Address: armando@armandotaxes.com

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# FLORIDA LIMITED LIABILITY CO. UNLIMITED BUSINESS ENTERPRICE LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$125.00

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## COVER LETTER

TO:	New Filing Se Division of Co	ection orporations					
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The end	closed Articles o	f Organization and fe	e(c) am cubunit	and flow Cities			
		ondence concerning					
		O VASQUEZ	and whitely to the	e following.			
			Name	of Person		<del></del>	2
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			Ad	dress	· · · · · · · · · · · · · · · · · · ·		₩
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	ARMANDO	VASQUEZ	305 at (	803-4427			
	Nam	ic of Person	Area Code	Daytime Telephor	te Number		
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	00 Filing Fee	□\$130.00 Filing F Certificate of State	ee & □\$1 is Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Filir Certificate of S Certified Copy (additional copy i	tatus &	
	New Fi Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Montoe Stre Tallahassee, FL 3230	issee et, Suite 810		

H220001199463

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Page: 4 of 4

#### UNLIMITED BUSINESS ENTERPRICE 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:

City

Princip	al Office Address:		Mailing Address	<u>ss</u> :	
10449 NW 66 ST DORAL, FL 33178			W 66 ST , FL 33178	7.0	2022
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	r cannot serve as its own active Florida registrati-	n Registered Agent. You on.)	Signature: must designate an indi	AHASSEE, FL	APR - I AM
	MARCO A. CARRA	ARA MARTINEZ		95	بې
		Name		TATE ORID <i>i</i>	S,
	10449 NW 66 ST			•	
	Florida street addres	ss (P.O. Box NOT accep	table)		
	DORAL	FLORIDA	33178		

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. um familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

State

egistered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Page: 3 of 4

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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	MARCO A. CARRARA MARTINEZ 10449 NW 66 ST
	DORAL, FL 33178
	ー
	7-
(Use attachment if necessary)	
ICLE V: Effective date, if other than the date effective date is listed, the date must be ate of filing.)  If the date inserted in this block does not	are of filing:  (OPTIONAL)  specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not
ICLE V: Effective date, if other than the d t effective date is listed, the date must be ate of filing.)	specific and cannot be more than five business days prior to or 90 of the the applicable statutory filing requirements, this data will are
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ICLE V: Effective date, if other than the diffective date is listed, the date must be ate of filing.)  If the date inserted in this block does not ocument's effective date on the Department ocument is supported by the Signature of th	the meet the applicable statutory filing requirements, this date will not of State's records.