

4/12/22, 11:25 AM

Division of Corporations  
 Florida Department of State  
 Division of Corporation  
 Electronic Filing Cover Sheet

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**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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To:

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

From:

Account Name : YOUR DREAM SERVICES CORP.  
 Account Number : 120200000137  
 Phone : (786)660-0108  
 Fax Number : (786)364-1047

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

Email Address: info@yourdreamms.com

RECEIVED  
 2022 APR 12 PM 12:56  
 DIVISION OF CORPORATIONS  
 COMMERCIAL  
 SERVICES

**FLORIDA LIMITED LIABILITY CO.  
 ASOBARROLLETA'S LLC**

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

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 DEPARTMENT OF  
 REVENUE  
 TALLAHASSEE, FLORIDA

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## COVER LETTER

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TO: New Filing Section  
Division of Corporations

SUBJECT: ASOBARROLLETA'S 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:

GUILLERMO BARROLLETA

Name of Person

*Guillermo Barrolleta*  
Firm/Company

6700 NW 186TH ST

Address

HIACLEAH FLORIDA 33015

City/State and Zip Code

BARRALLETAGB@GMAIL.COM

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

For further information concerning this matter, please call:

GUILLERMO BARROLLETA 754 267-1942  
Name of Person at 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

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DIVISION OF CORPORATIONS  
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:

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ASOBARROLLETA'S 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:6700 NW 186TH ST  
HALEAH FLORIDA 330156700 NW 186TH ST  
HALEAH FLORIDA 33015

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

YOUR DREAM MULTISERVICES CORPNone8300 NW 53RD STFlorida street address (P.O. Box **NOT** acceptable)MIAMI FLORIDA 33166

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 ~~his~~ *his* 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~~ *Chapter* 605, FS

Isamar Torres

Registered Agent's Signature (REQUIRED)

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**ARTICLE IV-**

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

**Title:****Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGRGUILLERMO BARROLLETA6700 NW 186TH STHALEAH FLORIDA 33015

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.  
  
**REQUIRED SIGNATURE:**Guillermo Barrolleta

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.GUILLERMO BARROLLETATyped or printed name of **signer****Filing Fees:**

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

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