L22000172333

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Ĉit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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CALLAHASSEE, FLORE

2022 APR 25 AM 8: 1

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RECEIVED

DATE: 4/13/22

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

1. WM&YG MANAGEMENT LLC

PLEASE RETURN A STAMPED COPY & A CERTIFICATE OF GOOD STANDING

CHECK# 9245 FOR: \$260.00 (\$130.00 for this filing)

THANK YOU!

COVER LETTER

SUBJECT:		MANAGEMENT	LLC			
		Nan	ne of Lin	nited Liabi	lity Company	
The enclosed	i Articles of	Organization and	fee(s) are	submitte	d for filing.	
Please return	all correspo	ondence concernin	g this ma	tter to the	following:	
(CLARA MO	NTEAGUDO				
-		·		Name o	f Person	
C	СВА МІАМ	I LLC				
-				Firm/Co	ompany	
!	600 PONC	E DE LEON BLV	D STE 9	01		
-				Add	ress	
(CORAL GA	BLES, FL. 33134	!			
- cl	ara montaca	udo@cbamiamius		ity/State as	nd Zip Code	-
-	<u>-</u>	-		for fisting	annual report notifica	tion
For further inf		ncerning this matte			minut report nounca	
		NTEAGUDO	78		303-1578	
_			at (_)	
	Nam	e of Person	Aı	rea Code	Daytime Telepho	ne Number
Enclosed is a	check for th	ne following amou	nt:			
□\$125.00 F		■\$130.00 Filing Certificate of St	g Fee &	Certif	55,00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclo
		g Address			Street Address	
		iling Section			New Filing Section I	
		on of Corporations ox 6327			The Centre of Tallah 2415 N. Monroe Str	
		assee, FL 32314			Tallahassee, FL 323	



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

April 26, 2022

FLORIDA RESEARCH & FILING SERVICES

SUBJECT: WM&YG MANAGEMENT LLC

Ref. Number: W22000054500

We have received your document for WM&YG MANAGEMENT LLC and your check(s) totaling \$260.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan Regulatory Specialist III

Letter Number: 322A00009651

RESUBMITIVE NONS

RESUBMITIVE TONS

PLEASE RETAIN

ORIGINATION

ORIGINATION

SUBMISSION

SUBMISSION

PATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

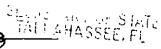
ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 APR 25 AM 8: 46

WM&Y	GМ	ANA	GEM	IENT	LLC
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(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")



<u>Principal</u>	Office Address:		Mailing Address:
7473 NW 101st AVE		16	00 PONCE DE LEON BLVD STE 90
DORAL, FL. 33178			ORAL GABLES, FL. 33134
er business entity with an ac	tive Florida registration	on.)	. You must designate an individual or
er business entity with an ac	tive Florida registration	on.) d agent are:	. You must designate an individual or
r business entity with an ac	tive Florida registration	on.) d agent are:	. You must designate an individual or
er business entity with an ac	tive Florida registration	on.) d agent are: ARTINEZ Name	
er business entity with an ac	tive Florida registration distribution of the registered WILMER JOSE MA	on.) d agent are: ARTINEZ Name	
er business entity with an ac	tive Florida registration diress of the registered WILMER JOSE MA	on.) d agent are: ARTINEZ Name	

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)

(CONTINUED)

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR WILMER JOSE MARTINEZ 7473 NW 101st AVE DORAL, FL. 33178 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 4/24/2022 . (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. ADMINISTRATION AND CONSULTING OF INTERNATIONAL BUSINESS AND FOREIGN OPERATIONS 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.

Typed or printed name of signee

I am aware that any false information submitted in a document to the Department of State

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

WILMER JOSE MARTINEZ

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)