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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : TAX S PRO CORP Account Number : 120200000147 Phone : (786)307-2733 Fax Number : (954)420-7118

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

Email Address:

# INFO@TAXSPRO.COM

# FLORIDA LIMITED TIABILITY CO. JOSE DE JESUS PIMIENTO LLC

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

TEXSTREE

Electronic Filing Menu

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1

# COVER LETTER -

	New Filing Section Division of Corporations				
SUBJE(	JOSE DE JESUS PIMIENTO LLC				
SCEC		nited Liability Comp	апу		
The encl	osed Articles of Organization and fee(s) ar	e submitted for filing	<del>-</del>		
Please re	turn all correspondence concerning this ma	atter to the following	:		
	ANWAR I PUELLO				
		Name of Person			
	TAX S PRO CORP				
		Firm/Company			
	8030 PINES BLVD			~2	
		Address		——————————————————————————————————————	
	PEMBROKE PINES, FLORIDA 3302	24		2022 MAY 20	
	INFO@TAXSPRO.COM	ity/State and Zip Cod	le	1 7	[ 
	E-mail address: (to be used	for future annual rep	ort notification)	OF S	, כ
For further	information concerning this matter, please	call:		STATE	_
	ANWAR I PUELLO 78	307-27	33	) . 2	
		rea Code Daytin	ne Telephone Number		
Enclosed	is a check for the following amount:				
<b>≘\$125.</b> 0	O Filing Fee & Certificate of Status	□\$155.00 Filin Certified Copy (additional copy is	Certificate of Sta	atus &	
	Mailing Address New Filing Section	Street Ad	dress g Section Division		
	Division of Corporations	The Centi	e of Tallahassee		
AND THE ME	P.O. Box 6327	2415 N. N	Nonroe Street, Suite 810		

Tallahassee, FL 32303



To: +18506176381

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

## JOSE DE JESUS PIMIENTO 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:
728 85th_ST	728 85th ST
MIAMI, FLORIDA 33141	MIAMI, FLORIDA 33141

#### 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 S PRO CORP		
	Nance	
8030 PINES BLVD		
Florida street address (I	P.O. Box NOT acc	eptable)
PEMBROKE PINES	FLORIDA 330	)24
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. 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)

2022 HAY 20 AM 8: 17



ARTICLE IV-

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	Name and Address:
"AMBR" = Authorized Memi	per
"MGR" = Manager	
AMBR	JOSE DE JESUS, PIMIENTO GOMEZ
AWON	728 85th ST
	MIAMI FLORIDA 33141
<del></del>	
	<del> </del>
(Use attachment if necessary)  E V: Effective date, if other the feeting date is listed, the date is	an the date of filing: 05/20/2022 -(OPTIONAL)
EV: Effective date, if other the fective date is listed, the date is of filling.)	nust be specific and cannot be more than five business days prior to or 90 days after does not meet the applicable statutory filing requirements, this date will not be listed.
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\$ 5.00 Certificate of Status (Optional)