From: DAQA Accounting

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : DAQA ACCOUNTING INC.

Account Number : I20210000190

Phone : (786)431-1561 Fax Number : (786)364-0121

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

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FLORIDA LIMITED LIABILITY CO. GYS SERVICES LLC

Certificate of Status Certified Copy Page Count 03 Estimated Charge \$155.00

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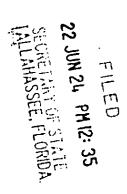
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ARTICL	hotaziklərə 70 eə.	FOR FLORIDA U	MITEO L	IABILITY COM	dPANY				
ARTICLE I - Name: The name of the Limite	ed Linksty Company is								
GYS SERVICES LLC									
0100211102022	(Must contain the wort	ds "Umited Liability	"LLC	.," or "LLC.")					
ARTICLE II - Address a	: nd street address of the p	orincipat office of 바	e Limitod	Liability Comp	рапу ів:				
Princi	pa) Office Address:		Mailing Address:						
17710 NW 67TH			17710 NW 67TH AVE APT 322 HIALEAH, FL 33015						
HIALEAH, FL 330	лэ		EAR, FL	33015					
(The Limited Liability C another business entit	red Agent, Registered C Company cannot serve as y with an active Florida re rida street address of tho	s its own Registere egistration.)	d Agent.	-	gnate an individual or				
YULIET SAAVEDRA CRUZ									
Name									
17710 NW 67TH AVE APT 322									
Florida street address (P.O. Box <u>NOT</u> acceptable)									
	HIALEAH	FL	33015						
	City	State		Zip					

Having been named as registered egant and to eccept service of process for the above stated limited liability company of the place designated in this certificate, I horeby accept the appointment as registered againt and agree to act in this capacity. I further agree to comply with the provisions of all statules rotating to the proper and complete performance of my duties, and I am familiar with and accept the coligosisms of my position as registered agent as provided for in Chapter 605, F.S.,

Registered Agent's Signaturo (REQUIRED)

(CONTINUED)



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ATXI ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager YULIET SAAVEDRA CRUZ AMBR 17710 MV 67TH AVE APT 322 HIALEAH, FL 33015 MGR GONZALO GONZALEZ MARTINEZ 17710 NW 67TH AVE APT 322 HIALEAH, FL 33015 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filling. . (OPTIONAL) 6/20/2022 (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: 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. YULIET SAAVEORA CRUZ Typed or printed name of signice

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