

C22000287644

Florida Department of State
Division of Corporations
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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.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
GYS SERVICES LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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22 JUN 24 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION
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SERVICES

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ATX1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

GYS SERVICES LLC
(Must contain the words "Limited Liability," "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:
17710 NW 67TH AVE APT 322	17710 NW 67TH AVE APT 322
HIALEAH, FL 33015	HIALEAH, FL 33015

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:

YULIET SAAVEDRA CRUZ
Name
17710 NW 67TH AVE APT 322
Florida street address (P.O. Box NOT acceptable)
HIALEAH FL 33015
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 665, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR**Name and Address:**YULIET SAAVEDRA CRUZ17710 NW 67TH AVE APT 322HIALEAH, FL 33015MGRGONZALO GONZALEZ MARTINEZ17710 NW 67TH AVE APT 322HIALEAH, FL 33015

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing, 6/20/2022 (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.**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 SAAVEDRA CRUZ

Typed or printed name of signer

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