Ida 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 : : TRAMILEX LLC Account Number: 120150000086 -: (786)469-9163· Fax Number : (305)848-3716

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. SHNAN LLC

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Estimated Charge	\$125.00

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Corporate Filing Menu

Help



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	egistration Section ivision of Corporations		
SUBJECT	SIINAN LLC	,	
Bobseci	Name of Limited	Liability Company	
			•
The enclose	ed Articles of Organization and fee(s) are su	bmitted for filing.	
Please retur	m all correspondence concerning this matter	to the following:	
•			
	LADY Y. LOPEZ GOMEZ		
		ame of Person	
• .			
٠	SIINAN LLC		
		irm/Company	<del></del>
	134 NW 107th TER		
	134144 10701 1210		
		Address	
•			
	PLANTATION, FL 33324		
	City/	State and Zip Code	<del></del>
		State and Exp Code	
	E-mail address: (to be used for	future annual report notification)	<del></del>
· ., · ·	, , ,		·
For:further in	nformation concerning this matter, please ca	ll:	
	LADY Y. LOPEZ GOMEZ 305	958-7414	• •
	at (	)	
•	Name of Person Area	Code Daytime Telephone Number	
•			
		···	
Enclosed is	s a check for the following amount:		
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/  \$123.00 F1			cate of Status &
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	Division of Corporations	Division of Corporations	<u> </u>
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle	ပ်ား: <b>−</b>
	·. ·	Tallahassee, FL 32301	

## A22000236888 -

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

SHNAN LLC

(Must end with 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 O	ffice Address:		• '	٠. ,		•	Mailir	ig Ai	ddress:		
		. •.	,			٠					
134 NW 107th TER	· · · · · · · · · · · · · · · · · · ·				SAME	ADD	RESS ·	•			٠,
PLANTATION, FL 3332	24			٠.	•					-	
										-	

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:

LADY Y LOPEZ C	OMEZ							
	Name			•				٠.
134 NW 107th TER		٠. ٠		,		* .	`	
Florida street addre	ss_(P.O.	Вох	TOZ	acc	eptab	le)		
PLANTATION	· · · ·	EL .	••			3332	4	
City	S	tate	٠,		-	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)

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Title:  "AMBR" = Authorized Member  "MGR" = Manager  AMBR  LADY Y, LOPEZ GOMEZ  134 NW 107th TER  PLANTATION, FL 33324  AMBR  ADOLFO L. GOMEZ ORTIZ  134 NW 107th TER  PLANTATION, FL 33324  AMBR  ADOLFO L. GOMEZ ORTIZ  134 NW 107th TER  PLANTATION, FL 33324  (OPTIONAL)  effective date, if other than the date of filing:  "OTIZZO22 (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of the offiling).  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not bocument's effective date on the Department of State's records.  CLE VI: Other provisions, if any,  AND ALL LA WFUL BUSINESS  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.  LADY Y LOPEZ GOMEZ  Typed or printed name of signee  Filing Fees.  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)	mia	Normal and Andrean
"MGR" = Manager AMBR  LADY Y. LOPEZ GOMEZ  134 NW 107th TER PLANTATION, FL 33324  AMBR  ADOLFO L. GOMEZ ORTIZ  134 NW 107th TER PLANTATION, FL 33324  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing: 07/12/2022 (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 or to of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be partment of State's records.  CLE VI: Other provisions, if any.  AND ALL LAWFUL BUSINESS  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.  LADY Y LOPEZ GOMEZ  Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)		Name and Address:
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