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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 : TAX S PRO CORP
Account Number : I20200000147
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 one email address please.

Email Address: INFO@TAXSPRO.COM

FLORIDA LIMITED LIABILITY CO.
IRENE PARRALES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2022

TAX & PRO CORP

SUBJECT: IRENE PARRALES LLC
REF: W22000093327

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Tammi Cline FAX Aud. #: H22000241274
Regulatory Specialist II Supervisor Letter Number: 722A00015895

P.O BOX 6327 - Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: IRENE PARRALES I.L.C.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANWAR I PUELLO
Name of Person
TAX S PRO CORP
Firm/Company
8030 PINES BLVD
Address
PEMBROKE PINES, FLORIDA 33024
City/State and Zip Code
INFO@TAXSPRO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANWAR I PUELLO 786 307-2733
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

IRENE PARRALES 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:

700 N 58 AVE
HOLLYWOOD, FL 323024

700 N 58 AVE
HOLLYWOOD, FL 33021

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:

IRENE GENOVEVA PARRALES VILLAFUERTE
Name

700 N 58 AVE
Florida street address (P.O. Box **NOT** acceptable)

HOLLYWOOD FL 33021
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..

Irene Parrales
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

Name and Address:

AMBR	PARRALES VILLAFUERTE, IRENE GENOVEVA 700 N 58 AVE HOLLYWOOD, FL 33021

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 07/15/2022 (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:

IRENE PARRALES.

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.

IRENEGENOVEVAPARRALESVILLAFUERTE

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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