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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TAX 5 PRO CORP

Account Number : I20200000147

: (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.\*\*

INFO@TAXSPRO.COM Email Address:

# FLORIDA LIMITED LIABILITY CO.

# ASTORIA PIANO LESSONS AND ENTERTAINMENT LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

# ARTICLE IV-

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

From: +19544207118 (TAX S PRO)

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	CALVACHE NARVAEZ. CAROLINA	
	5931 SW 10 ST	
	MIAMI, FL 33024	
(Use attachment if necessary)		
	c date of filing: 08/23/2022 (OPTIONAL)	
(If an effective date is listed, the date must the date of filling.)	be specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be I	
the document's effective date on the Depart	ment of State's records.	
ARTICLE VI: Other provisions, if any.		
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REQUIRED SIGNATURE:	Cu ====================================	<del>-</del>
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	f a member or an authorized representative of a member. 📁 🚍 🧢	2
This document is a	executed in accordance with section 605.0203 (1) (b), Florida Statutes = \$\frac{1}{2}\$ y false information submitted in a document to the Department of Sta(\$\varepsilon\$).	AUG
	degree felony as provided for in s.817.155, F.S.	G 23
CAROLINA	A CALVACHE NARVAEZ	
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0145 00 FW = 0	Filing Fees:	: 2
\$125.00 Filing Fee for Articles of \$30.00 Certified Copy (Option	of Organization and Designation of Registered Agent and Designation of Registered Agent	ယ်

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

To: +18506176381

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

### ARTICLE I - Name:

The name of the Limited Liability Company is:

## ASTORIA PIANO LESSONS AND ENTERTAINMENT LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "Ll.C.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
5931 SW 10 ST	5931SW 10 ST	
MIAMI, FL 33144	MIAMI, FL 33144	

### 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:

N	łame	
8030 PINES BLVD		
Florida street address (I	P.O. Box <u>NOT</u> acce	ptable)
Florida street address (F PEMBROKE PINES	P.O. Box <u>NOT</u> acce FLORIDA	933024

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 digent as provided for in Chapter 603, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

To: +18506176381

Θ

# **COVER LETTER**

From: +19544207118 (TAX S PRO)

		50.				
TO: New	w Filing Section	n Prations				
		ANO LESSONS AND E				
SUBJECT:		Name of Lim	ited Liability	y Company		
The enclose	ed Articles of O	rganization and fee(s) are	submitted f	or filing.		
		dence concerning this ma				
	ANWAR I PU	ELLO				
			Name of	Person		
	TAX S PRO	CORP				
			Firm/Co	mpany		
	8030 PINES	BLVD				
			Addr	ess		
	PEMBROKE	PINES , FL 33024				
			City/State an	d Zip Code		
	INFO@TAXS	PRO.COM -mail address: (to be use	d Com Catalog	anual report notification	<u></u>	
	E	-mail address: (to be use	a for lature	minest report neumann	,	
For further	information co	ncerning this matter, plea	se call:			
	ANWARIP	UELLO at (	786	307-2733		
	Nam		Area Code	Daytime Telephon	Number SEC	,
Enclosed	is a check for t	he following amount:			AR HE A	YOU
`	00 Filing Fee	☐\$130.00 Filing Fee Certificate of Status	Certit	55.00 Filing Fee & fied Copy nal copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	_

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Street Address

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