

10/10/2022 3:23 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000347576 3)))



H220003475763ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : JSD & COMPANY PA
Account Number : I20190000114
Phone : (786)286-2705
Fax Number : (305)901-6024

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

Email Address: cara17643@hotmail.com

FLORIDA LIMITED LIABILITY CO.
AL ALMA MULTISERVICES LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

2022 OCT 10 PM 4:47

22 OCT 10 PM 12:35
STATE DEPT OF CORP
TALLAHASSEE, FLORIDA[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)1/1
10/10/2022

H22000347576 3

**ARTICLES OF ORGANIZATION
OF
AL ALMA MULTISERVICES LLC**

The undersigned, as a member or an authorized representative of a member of the Company pursuant to Chapter 605, Florida Statutes, files the following Articles of Organization establishing a Florida Limited Liability Company named:
AL ALMA MULTISERVICES LLC.

ARTICLE I.

NAME

The name of the Limited Liability Company shall be
AL ALMA MULTISERVICES LLC

ARTICLE II.

ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company shall be: 661 S.W. 11TH St Apt. 24W Miami, FL 33129

ARTICLE III.

EFFECTIVE DAY

The effective day for this Limited Liability company shall be 10/10/2022.

22 OCT 10 PM 12:35
JAL ALMA MULTISERVICES LLC
JSD & COMPANY CPA
13059015793

H22000347576 3

H22000347576 3

ARTICLE IV.

DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE V.

PURPOSE OF ORGANIZATION

The Limited Liability Company is organized for the purpose of engaging in any and all other acts or purpose permitted under Section 605 of the Florida Statutes 1993, as amended from time to time, and for any and all other applicable or governing laws of the State Of Florida, except as any of the foregoing acts and/or purposes may be otherwise barred or restricted by laws.

ARTICLE VI.

MANAGEMENT

This Limited Liability shall be managed by Two Managers and the names and address of the Managers are:

Title: AMBR

ARLEY ALVARADO VILLA
661 S.W. 11TH St Apt. 24W
Miami, FL 33129

Title: MGR

LUZ M. MARIN SALGADO
661 S.W. 11TH St Apt. 24W
Miami, FL 33129

22 OCT 10 PM 12:33
 6000 ROUTE 131A
 FALL APOSSITE, FLORIDA

H22000347576 3

H22000347576 3

ARTICLE VII.

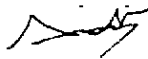
ADMISSION OF NEW MEMBERS

Unless otherwise herein specified, no new Members shall be admitted to the Limited Liability Company during the period of its existence. New Members may be admitted pursuant to a vote of not less than 100% of the trail existing ownership interest each Member has in the Limited Liability Company. No individual Member and/or managing Member of the Limited Liability Company shall ever have the power to terminate or grant membership to any person.

ARTICLE VIII.

CONTINUATION AFTER INVOLUNTARY TERMINATION

In the event of termination of the Limited Liability Company due to death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or any other event which involuntarily terminates the Limited Liability Company, then in that event, the remaining and/or surviving Members shall be fully entitled to continue the business of Limited Liability Company provided that 100% of the ownership interest then remaining shall have to do so in writing.



ARLEY ALVARADO VILLA
AMBR

FILED
22 OCT 10 PM 12:35
CLERK OF DISTRICT COURT
NORTH DAKOTA

H22000347576 3

H22000347576 3

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 605, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered office/registered agent, in the State of Florida.

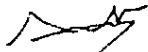
1. The name of the Limited Liability Company is:

AL ALMA MULTISERVICES LLC
661 S.W. 11TH St Apt. 24W
Miami, FL 33129

2. The name and address of the registered agent and office is:

ARLEY ALVARADO VILLA
661 S.W. 11TH St Apt. 24W
Miami, FL 33129

Having been named as registered agent and to accept service of process for the above stated corporation 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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



ARLEY ALVARADO VILLA-Registered Agent

FILED
22 OCT 10 PM 12:35
SUNBIZ CORPORATION
TALLAHASSEE, FL 32304

Date: 10/10/2022

H22000347576 3