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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 : ANA L. HERRERA Account Number : 120200000056 Phone : (305)216-6209 Fax Number : (888)384-2313

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

Email Address: unaherrera 1159@gmail.com.

13 AM 8: 17

FLORIDA LIMITED LIABILITY CO. 5 STAR LAUNDRY XPRESS & MORE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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Corporate Filing Menu

Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
the name of the Limited Labitity Company is:		
5 STAR LAUNDRY XPRESS & MORE, ILC		
(Must contain the words "Limited	Liability Company, "I	LL.C.," or "LLC.")
ARTICLE II - Address:		
he mailing address and street address of the principal of	office of the Limited L	iability Company is:
Principal Office Address:		Mailing Address:
900 NE 18TH AVE #2	900 NE	18TH AVE #2
HOMESTEAD, FL 33033	НОМЕ	STEAD, FL 33033
The Limited Liability Company cannot serve as its own nother business entity with an active Florida registration the name and the Florida street address of the registered	on.)	or must designate an individual of
ANA L HERRERA		 -
	Name	
13301 SW 204 STREE	<u>r</u>	
Florida street addres	s (P.O. Box <u>NOT</u> acce	eptable)
MIAMI	FLORIDA	33177
1111 211	CLUKIDA	33177
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..

Quea V. Flarrera Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 OCT 13 PM 12: 35

H220003511003

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	WILDA CRISTELJA MEJA ZAPATA
	900 NE 18TH AVE #2
	HOMESTEAD, FL 33033
EV: Effective date, if other than	the date of filing: 10/12/2022 (OPTIONAL)
EV: Effective date, if other than ective date is listed, the date mut filling.) the date inserted in this block d	est be specific and cannot be more than five business days prior to or 90 day oes not meet the applicable statutory filing requirements, this date will not be
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