

10/20/22, 4:22 PM

Division of Corporations

L22000451280

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 tax audit number (shown below) on the top and bottom of all pages of the document.

(((H220003607183)))



H220003607183ABC1

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 : SOSME ACCOUNTING & TAX SERVICES LLC
Account Number : I20200000102
Phone : (954)998-1035
Fax Number : (954)573-1480

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

Email Address: _____

2022 OCT 20 AM 10:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

**FLORIDA LIMITED LIABILITY CO.
US IMMIGRATION HELPING SERVICES LLC**

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

**T. SCOTT
OCT 21 2022**

2022 OCT 20 PM 4:52

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: US IMMIGRATION HELPING SERVICES LLC

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:

ANA MILENA SALAZAR MEZA

Name of Person

US IMMIGRATION HELPING SERVICES LLC

Firm/Company

5662 WASHINGTON ST

Address

HOLLYWOOD FL 33023

City/State and Zip Code

ana.salazar.ihl@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA MILENA SALAZAR

470

374-4291

at ()

Name of Person

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

US IMMIGRATION HELPING SERVICES 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:

5662 WASHINGTON ST
HOLLYWOOD FL 33023

5662 WASHINGTON ST
HOLLYWOOD FL 33023

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:

ANA MILENA SALAZAR MEZA

Name

5662 WASHINGTON ST

Florida street address (P.O. Box **NOT** acceptable)

HOLLYWOOD

FL

33024

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..

Ana Milena Salazar Meza

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2022 OCT 20 AM 10:35
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
ALIXA VIDLO

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MANAGER

ANA MILENA SALAZAR MEZA

5662 WASHINGTON ST

HOLLYWOOD FL 33023

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

Ana Milena Salazar Meza

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.

ANA MILENA SALAZAR MEZA

Typed or printed name of signer

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)