Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Email Address:

FLORIDA LIMITED LIABILITY CO. 365 SERVICE LLC

Certificate of Status	1
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Corporate Filing Menu

He.p



ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

APTICIFY
ARTICLE I - Name:
The name of the Limited Liability Company is:
365 SERVICE LLC
JERVICE LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
company is:
11800 SW 1905T MIAHI PLORIDA 33177
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limite: Liability with an active Florida registration.)
CARLOS FRANCISCO RODRIGUEZ DIMENEZ
118009W 1909T MIAMI PLORIDA 33 177
118009(1) 190 ST Minus Places
11/A/11 FIORIDA 33/77
ARTICLE IV
The name and title of each name of the same of the sam
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
oompany, (MOR OF AIMBR)
CARLOS FRANCISCO RODRIQUEZ JUMENEZ AM
78 12: 35 35
35

Required Signatures:



In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

CARLOS FRANCICCO RODRIQUES SIMENES
Typed or printed name of signee

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..

Registered Agent's Signature (REQUIRED)

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