

**L22000485159**

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 : YOUR DREAM SERVICES CORP.  
Account Number : I20200000137  
Phone : (786)660-0108  
Fax Number : (786)364-1047

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

Email Address: info@yourdreamms.com

**FLORIDA LIMITED LIABILITY CO.  
INDIPAQ GROUP. LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: INDIPAQ GROUP, 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:

DIEGO VALENCIA BARRIOS

Name of Person

*Diego Valencia Barrios*  
Firm/Company

4836 N STATE RD UNIT 5 APT 204

Address

COCONUT CREEK FL 33073

City/State and Zip Code

DIEGO.VALENCIA@INDIPAQ.COM

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

For further information concerning this matter, please call:

DIEGO VALENCIA 954 6052330

Name of Person at ( ) 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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

INDIPAQ GROUP, 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:DIEGO VALENCIA BARRIOS4836 N STATE RD UNIT 5 APT 204COCONUT CREEK FL 33073DIEGO VALENCIA BARRIOS4836 N STATE RD UNIT 5 APT 204COCONUT CREEK FL 33073

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

YOUR DREAM MULTISERVICES CORPName8300 NW 53RD ST SUITE 350Florida street address (P.O. Box ~~NOT~~ acceptable)MIAMIFL33166CityStateZip

*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 ~~his~~ 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, FS*

Isamar TorresRegistered Agent's Signature (~~REQUIRED~~)

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**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

MGRDIEGO VALENCIA BARRIOS  
4836 N STATE RD UNIT 5 APT 204  
COCONUT CREEK FL 33073MGRSANDRA MAYORQUIN CUELLAR  
4836 N STATE RD UNIT 5 APT 204  
COCONUT CREEK FL 33073

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing N/A. (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.ANY ALL LEGAL IN THE USA**REQUIRED SIGNATURE:**Diego Valencia Barrios

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.

DIEGO VALENCIA BARRIOS

Typed or printed name of signee

**Filing Fees:**

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

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