

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.

(((H22000403115 3)))



H2200040311534BCS

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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

Email Address:\_

## FLORIDA LIMITED LIABILITY CO. SHIN CONSULTANTS, LLC

Certificate of Status	0
Certified Copy	]1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

To .

850-617-6381 12/2/2022 1:13:04 PM PAGE 1/001 Fax Server



December 2, 2022

FLORIDA DEPARTMENT OF STATE Division of Corporations

DIEGO SEMUELS 7521 W TREASURE DR NORTH BAY VILLAGE, FL 33141

SUBJECT: SHIN CONSULTANTS, LLC

REF: W22000147590

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO Regulatory Specialist II New Filing Section

FAX Aud. #: H22000403115 Letter Number: 622A00026697

## **AFFIDAVIT**

BEFORE ME, the undersigned authority, on this day personally appeared, DIEGO I SHMUELS who after being first duly sworn, under oath, deposes and says:

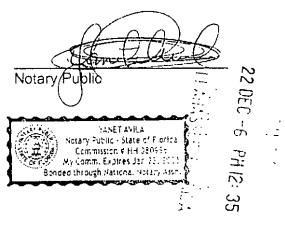
- 1. The undersigned is the Member of SHIN CONSULTANTS LLC a Florida Limited Liability Company, filed with the Florida Department of State on December 3, 2021.
- 2. The undersigned hereby consents to and authorizes the use of the name SHIN CONSULTANTS LLC to DIEGO I SHMUELS for the purpose of Organized a new entity.
- The undersigned has personal knowledge of the facts and matters set forth herein and therefore has no intentions of reinstating the Dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

		S.	
		DIEGO I SHMUELS	
STATE OF FLORIDA	)		
COUNTY OF MIAMI-DADE	) SS: )		

PERSONALLY appeared before me, DIEGO I SHMUELS who is personally known to me, who being by me first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

WITNESS my hand and seal this 6 day of DECEMBER, 2022.



ARTICLES OF ORGANIZATION FOR F	LORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
Shin Consultants, LLC	
(Must end with the words "Limited I	liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7521 W Treasure Dr. North Eav Village, FL 33141	7521 W Treasure Dr. North Bay Village, FL 33141
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)  The name and the Florida street address of the registered ag	egistered Agent. You must designate an individual or
Diego I Shimuels	
Name	-
7521 W Treasure Dr. Florida street address (P.O. Box N	OT acceptable)
North Bay Village City	. FL 33141
City	FL 33141 Zip
Having been named as registered agent and to accept service the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of a of my duties, and I am familiar with and accept the obligation. Chapter to	e appointment as registered agent and agree to act in this Il statutes relating to the proper and complate performance tions of my position as registered agent as provided for in
8	22
Registered Agent's Signature	- 0
(CONTINUED)	₩
Page 1 of 2	PH 2: 35

<u>Title:</u> "AMBR" ≈ Authorized Men:ber "MGR" = Manager	Name and Address:
MGR	Diego I. Shmuels 7521 W Treasure Dr. North Bay Village, FL, 33141
AMBR	Zayra V. Shmue's 7521 Treasure Dr. North Bay Village, FL 33141
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the date of an effective date is listed, the date must be spe-	of filing: 01/01/2023 (OPTIONAL) reific and cannot be more than five business days prior to or 90 d
RTICLE V: Effective date, if other than the date of an effective date is listed, the date must be speed to of filing.)	of filing: 01/01/2023 (OPTIONAL) either and cannot be more than five business days prior to or 90 d
RTICLE V: Effective date, if other than the date of an effective date is listed, the date must be speed date of filing.)  RTICLE VI: Other provisions, if any.	
RTICLE V: Effective date, if other than the date of an effective date is listed, the date must be specie date of filing.)  RTICLE VI: Other provisions, if any.	
RTICLE V: Effective date, if other than the date of an effective date is listed, the date must be specie date of filing.)  RTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 605, constitutes an affirmation under I am aware that any false information aware that any false information.	