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.

(((H22000417492 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : PEREZ ARCHE AN ACCOUNTING & TAX SERVICES INC

Account Number : 120970000033 Phone : (305)649-7040 Fax Number : (305)649-0477

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

FLORIDA LIMITED LIABILITY CO. TIKAL DREAMS STORES LLC

Annual Security (2014) (1) - 10 to 1	China and Carlot Company of the Carlot Compa
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

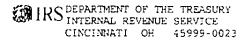
TO: New Filing So Division of C			
SUBJECT:	TIKAL DRI	EAMS STORES LLC	
3000001.	Name of Lir	nited Liability Company	
The enclosed Articles of	of Organization and fee(s) are	e submitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	ANA IS	SABEL ARAICA	
		Name of Person	
	PEREZ ARCHE AND ACCO	DUNTING AND TAX SERVICES	INC
		Firm/Company	
	4011 W F	LAGLER ST STE 501	
		Address	
		GABLES, FL 33134	
		ity/State and Zip Code	
<u> </u>		ISABEL@GMAIL.COM	
	E-mail address: (to be used	for future annual report notification	on)
For further information c	oncerning this matter, please	call:	
ANA ISARI	EL ARAICA at (305) 649-7	040 Name of Person	
	Area (e 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)	Certificate of Status & Certified Copy 1 (additional copy is enclosed)
· · · · · · · · · · · · · · · · · · ·	ng Address Filing Section	Street Address New Filing Section Di	. N
	on of Corporations	The Centre of Tallaha	, , –
P.O. 1	Box 6327	2415 N. Monroe Stree	et, Suite 810
Tallal	nassee, FL 32314	Tallahassee, FL 3230.	3

ARTICLESOFORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

	FIKAŁ DREA	MS STORES	LLC	
(Must c	ontain the words "Limited La	ibility Compa	ny, "L.L.C.," or "L.L.C.,")	
ARTICLE II - Address: The mailing address and stree	et address of the principal offic	ce of the Limit	ted Liability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Add	dress:
2045 BISCANITY HI	LVD APT 113	41	HEW TLAGLER SUSTEESOE	
MIAMI , FL 33137			ORAL GABLES, FL 33134	
The name and the Florida stre		gent are: SABEL ARAI Name	CA	
		LAGLER ST S	Fr 501	
	Florida street address (···	······································	
	CORAL GABLES	rt.	33134	
	CORAL GABLES City	State	Zip	
laving been named as registere lace designated in this certifica arther agree to comply with the m familiar with and accept the	City ed agent and to accept service we, I hereby accept the appoint provisions of all statutes relat	State of process for ment as registe ting to the proj	Zip r the above stated limited lid ered agent and agree to act per and complete performa	in this capacity. I see of my duties, and I
lace designated in this certifica orther agree to comply with the	City ed agent and to accept service we, I hereby accept the appoint e provisions of all statutes relat obligations of my position as re	State of process for ment as registe ting to the proj	Zip r the above stated limited lie gred agent and agree to act per and complete performan t as provided for in Chapter	in this capacity. I nee of my duties, and I 605, F.S.,

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	RICARDO CORTEZ	
	2045 BING AVINE BLAD AP 1-412	
	MIAMI, FL 33137	
	te of filing: 12/12/2022 (OPTION/	
	specific and cannot be more than five business days prior	to or 90 da
te of filing.)		
If the date inserted in this block does not	meet the applicable statutory filing requirements, this date	will not be
cuntent's effective date on the Departmen		
tainent santativa data on me isapinina		
CLE VI: Other provisions, if any.		
	E ADD EIN 92-1341247	
1 7,7,7,71	1. 1111 () 1. 72-1311241	
REOURED SIGNATURE:		
RESCREEN SKITTER OKE.		
NEGOTIAL SKILL SKI		
K	Icando Optez	
	Icardo Cortez	
Signature of a t	Icardo Cortez nember or an authorized representative of a member.	Statutan
Signature of a t This document is exec	uted in accordance with section 605,0203 (1) (b). Florida S	
Signature of a t This document is exec I am aware that any fa	tuted in accordance with section 605,0203 (1) (b). Florida S lse information submitted in a document to the Department	
Signature of a t This document is exec I am aware that any fa	uted in accordance with section 605,0203 (1) (b). Florida S	
Signature of a t This document is exec I am aware that any fa	tuted in accordance with section 605,0203 (1) (b). Florida S lse information submitted in a document to the Department	
Signature of a t This document is exect I am aware that any fa	tuted in accordance with section 605.0203 (1) (b). Florida Silse information submitted in a document to the Department ree folony as provided for in s.817.155, If S.	
Signature of a t This document is exect I am aware that any fa	tuted in accordance with section 605,0203 (1) (b). Florida S lse information submitted in a document to the Department	
Signature of a t This document is exect I am aware that any fa	tuted in accordance with section 605.0203 (1) (b). Florida Silse information submitted in a document to the Department ree folony as provided for in s.817.155, If S.	
Signature of a t This document is exect I am aware that any fa	tuted in accordance with section 605.0203 (1) (b). Florida Silse information submitted in a document to the Department ree felony as provided for in s.817.155, I/S. Typed or printed name of signee	
Signature of a t This document is exect I am aware that any fa constitutes a third degr	rated in accordance with section 605.0203 (1) (b). Florida Silse information submitted in a document to the Department ree felony as provided for in s.817.155, I/S. Typed or printed name of signee Filing Fees:	
Signature of a t This document is exect any factoristitutes a third degree of the second structures at the second	tuted in accordance with section 605.0203 (1) (b). Florida Silse information submitted in a document to the Department ree felony as provided for in s.817.155, I/S. Typed or printed name of signee	
Signature of a t This document is exect am aware that any facconstitutes a third degree of the second secon	Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	
Signature of a t This document is exect am aware that any facconstitutes a third degree of the second secon	Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	
Signature of a t This document is exect any factoristitutes a third degree of the second structures at the second	Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	
Signature of a t This document is exect am aware that any facconstitutes a third degree of the second structures of the second s	Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	
Signature of a t This document is exect I am aware that any factoristitutes a third degree S125.00 Filing Fee for Articles of O S 30.00 Certified Copy (Optional)	Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	

.



Date of this notice: 12-12-2022

Employer Identification Number:

92-1311247

Form: SS-4

1-800-829-4933

Number of this notice: CP 575 G

TIKAL DREAMS STORES LLC RICARDO COPTEZ SOLE MER 2045 BISCAYNE BLVD APT 113 MIAMI, FL 33137

For assistance you may call us at:

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 92-1311247. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did not apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Eusiness Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.