

1/3/23, 9:14 AM

Division of Corporations

L230 00001346

Florida Department of State

Division of Corporations  
Electronic Filing System

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : TAX S PRO CORP  
Account Number : 12020000147  
Phone : (786)307-2733  
Fax Number : (954)420-7118

\*\*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@TAXSPRO.com

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TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
TYPICAL OF YOU LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Corporate Filing Menu

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D. O'KEEFE

JAN - 4 2023

**ARTICLE IV-**

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

**Title:**  
"AMBR" = Authorized Member  
"MGR" = Manager

**Name and Address:**

AMBR

NICOLLE VANESSA CAMACHO ACEVEDO  
8210 FLORIDA DRIVE, APT 237  
PEMBROKE PINES, FL 33025

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01/01/2023 (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:**

*Nicolle Vanessa Camacho Acevedo*

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.

NICOLLE VANESSA CAMACHO ACEVEDO

Typed or printed name of signee

**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)

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TYPICAL OF YOU 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:**

8210 FLORIDA DRIVE ,APT 237  
PEMBROKE PINES , FL 33025

**Mailing Address:**

8210 FLORIDA DRIVE ,APT237  
PEMBROKE PINES ,FL 33025

**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:

TAX S PRO CORP  
Name

8030 PINES BLVD  
Florida street address (P.O. Box **NOT** acceptable)

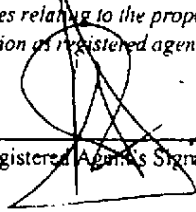
PEMBROKE PINES      FL      33024  
City                      State                      Zip

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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*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)

(CONTINUED)

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: TYPICAL OF YOU 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:

ANWAR I PUELLO  
\_\_\_\_\_  
Name of Person

TAX S PRO CORP  
\_\_\_\_\_  
Firm/Company

8030 PINES BLVD  
\_\_\_\_\_  
Address

PEMBROKE PINES , FLORIDA 33024  
\_\_\_\_\_  
City/State and Zip Code

INFO@TAXSPRO.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANWAR I PUELLO                      786                      307-2733  
\_\_\_\_\_  
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