

**L230000016400**  
 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 : ARMANDO TAXES LLC  
 Account Number : I20200000170  
 Phone : (305)803-4427  
 Fax Number : (305)402-6230

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

Email Address: armando@armandotaxes.com

**FLORIDA LIMITED LIABILITY CO.  
 PB&SH CONSULTING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: PB&SH CONSULTING LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARMANDO VASQUEZ  
Name of Person

ARMANDO TAXES LLC  
Firm Name

5721 NW 112TH AVE APT 108  
Address

DORAL, FL 33178  
City/State and Zip Code

ARMANDO@ARMANDOTAXES.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARMANDO VASQUEZ      305      803-4427  
at (      )  
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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PB&SH CONSULTING 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:

8824 NW 161st TER

MIAMI LAKES, FL 33018

8824 NW 161st TER

MIAMI LAKES, FL 33018

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:

SONIA E. HERNANDEZ ROMERO

Not

8824 NW 161st TER

Florida street address (P.O. Box NOT acceptable)

MIAMI LAKES

FL

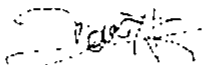
33018

City

State

Zip

*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, F.S.*



Registered Agent's Signature (Sonia E. Hernandez Romero)

(CONTINUED)

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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

AMBR

SONIA E. HERNANDEZ ROMERO  
8824 NW 161st TER  
MIAMI LAKES, FL 33018

AMBR

PEDRO BELTRAN CASTILLO  
8824 NW 161st TER  
MIAMI LAKES, FL 33018

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

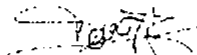
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

ALL AND ANY LAWFUL BUSINESS

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
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.

SONIA E. HERNANDEZ ROMERO

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)

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