Division of Corporations

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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(((H23000018255 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : AP TAX SERVICES CORP

Account Number : I20220000135 Phone : (786)833-2273 Fax Number : (305)564-8828

\*\*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. FAST PARKING LLC

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

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## COVER LETTER

	iew Filing Section Division of Corporations	
SUBJEC*	FAST PARKING LLC	
3000 EC		imited Liability Company
The enclo	sed Articles of Organization and fee(s) ar	tre submitted for tiling.
Please reti	um all correspondence concerning this ma	natter to the following:
	RAQUEL RUIZ	
		Name of Person
		Firm Company
	5410 NW 107TH AVE APT 501	
		Address
	MIAMI, FL 33178	
		City/State and Zip Code
	E-mail address: (to be used	ed for suture annual report notification)
For further	information concerning this matter, pleas	ise call:
	RAQUEL RUIZ	786 461 - 7186
		Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
<b>≣\$</b> 125.0	00 Filing Fee	& IIS155.00 Filing Fee & IIS160.00 Filing Fee. Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Fallahasses, El. 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

Milicasoro	NO UNEXTROCK OIL	i congo, cama	TED EARLETT CO, TI A. CT	
ARTICLE 1 - Name: The name of the Limited Liability (	Company is:			
FAST PARKING LL	С			
(Must contain	the words "Limited	Liability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	ress of the principal c	office of the Lin	nited Liability Company is:	
Principal.	Office Address:		Mailing Ado	<u>iress</u> :
5410 NW 107TH AVE	APT 501	<del></del>	5410 NW 107TH AVE APT	r 501
ARTICLE III - Registered Agen (The Limited Liability Company or another business entity with an act	annot serve as its own	Registered Ag		ndividual or
The name and the Florida street ad	dress of the registere	d agent are:		
	RAQUEL RUIZ			
		Name		
	5410 NW 107TH A	VE APT 501		
	Florida street addres	ss (P.O. Box <u>N</u> e	DT acceptable)	
	MIAMI	FL	33178	
	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. Thereby accept the oppointment 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)



H230000182553

Title:	Name and Address:
"AMBR" → Authorized Member "MGR" = Manager	
AMBR	RAQUEL RUIZ 5410 NW 107TH AVE APT 501
	MIAMI, FL 33178
MGR	JESUS RODRIGUEZ 5410 NW 107TH AVE APT 501
	MIAMI, FL 33178
	<u> </u>
the mark a stiff of the	
(Use attachment if necessary)  LE V: Effective date, if other than t	the date of filling: 01/16/2023 . (OPTIONAL)
LEV: Effective date, if other than t ffective date is listed, the date mus	the date of filing: <u>01/16/2023</u> . (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 day
LE V: Effective date, if other than the feetive date is listed, the date must be of filing.)	st be specific and cannot be more than five business duys prior to or 90 day es not meet the applicable statutory filing requirements, this date will not be
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)