

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H23000011203 3)))



H230000112033ABCM

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LATIN AMERICAN TAXPRO

Account Number : I20220000106 Phone : (407)318-0823 Fax Number : (561)467-5851

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. EXPRESS SERVICE SOLUTIONS LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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Corporate Filing Menu

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COVER LETTER

TO:	New Filing Section Division of Corporations			
SUBJE	CIOFFI EXPRESS SERVICES:	CES LLC		
		me of Limited Liab	ility Company	
The end	closed Articles of Organization and	fee(s) are submitte	d for filing.	
Please	eturn all correspondence concerni	ng this matter to the	following:	
	ANTONIO CIOFFI			
		Name o	f Person	
		Firm/C	ompany	
	3717 GRANDEWOOD BLV	D APTO 1016		
	1	Add	ress	
	ORLANDO, FLORIDA, 3283	17		
	ANTONIOCIOFFIR@GMAIL		nd Zip Code	
		 	annual report notification)	
For furthe	r information concerning this matt	er, please call:		
	ANTONIO CIOFFI	407 at (_	953-1745	
	Name of Person	Area Code	Daytime Telephone Numbe	er
Enclosed	is a check for the following amou	int;		
	00 Filing Fee \$\$130.00 Filin Certificate of Si	g Fee & S15	ed Copy Cert al copy is enclosed) Certi	60.00 Filing Fee, ificate of Status & fied Copy onal 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 8 Tallahassee, FL 32303	810 25

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WELL TASOL OR OWNEY HOW FOR FITORI	DA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
CIOFFI EXPRESS SERVICES LLC	
(Must contain the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	f the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3717 GRANDEWOOD BLVD APTO 1016 ORLANDO, FLORIDA, 32837	3717 GRANDEWOOD BLVD APTO 1016 ORLANDO, FLORIDA, 32837
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Register another business entity with an active Florida registration.) The name and the Florida street address of the registered agent a	ered Agent. You must designate an indivídual or
ANTONIO CIOFFI Name	
2010 00	

3717 GRANDEWOOD BLVD APTO 1016 Florida street address (P.O. Box NOT acceptable)

City 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 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.,

Antonio Cioffi
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	
MGR	ANTONIO CIOFFI
	3717 GRANDEWOOD BLVD APTO 1016 ORLANDO, FLORIDA, 32837
MGR	MICHELE CIOFFI TROTTA
	3717 GRANDEWOOD BLVD APTO 1016 ORLANDO, FLORIDA, 32837
MGR	YUSMELYS REYES SANTIAGO
	3717 GRANDEWOOD BLVD APTO 1016 ORLANDO, FLORIDA, 32837
Of 90 15010 Dike and the care is used to	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.)	meet the applicable statutory filing requirements, this data will be
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E V: Effective date, if other than the date ective date is listed, the date must be sport filling.) the date inserted in this block does not rement's effective date on the Department E VI: Other provisions, if any. Signature of a me This document is execut I am aware that any false constitutes a third degree	meet the applicable statutory filing requirements, this date will not State's records. Tonic Copplember or an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State is felony as provided for in s.817.155, F.S.

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January 19, 2023

FLORIDA DEPARTMENT OF STATE Division of Corporations

LATIN AMERICAN TAXPRO

SUBJECT: CIOFFI EXPRESS SERVICES LLC

REF: W23000005501

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 person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Genesis R Kersey OPS Clerk

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850-617-6381

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January 17, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LATIN AMERICAN TAXPRO

SUBJECT: CIOFFI EXPRESS SERVICES LLC

REF: W23000004681

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.

You must type the complete/legal name of the individual(s) signing the document in each signature block.

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

Dil Sultana Regulatory Specialist II

FAX Aud. #: H23000011203 Letter Number: 323A00001128 850-617-6381

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January 11, 2023

FLORIDA DEPARTMENT OF STATE Division of Corporations

LATIN AMERICAN TAXPRO

SUBJECT: EXPRESS SERVICE SOLUTIONS LLC

REF: W23000003228

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 existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Genesis R Kersey OPS Clerk

FAX Aud. #: H23000011203 Letter Number: 823A00000772