

**L23000066568**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

H23000053663

**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.

(((H23000053663 3)))



H23000053663ABC

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

## To:

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

## From:

Account Name : ARMANDO TAXES LLC  
Account Number : 120200000170  
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

FILED  
3:10 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
THE OKY WAY LLC

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

60:3 HV C : .237

Electronic Filing Menu

Corporate Filing Menu

Help

02/13/23

H23000053663

H23000053663

**COVER LETTER**

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

**SUBJECT:** THE OKI WAY, 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:

ARMANDO VASQUEZ

\_\_\_\_\_  
Name of Person

ARMANDO TAXES LLC

\_\_\_\_\_  
Firm/Company

5721 NW 112TH AVE APT 108

\_\_\_\_\_  
Address

DORAL, FL 33178

\_\_\_\_\_  
City/State and Zip Code

ARMANDO@ARMANIXOTAXES.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

H23000053663

H23000053663

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

THE OKY WAY, 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:10890 NW 17 ST UNIT 10710890 NW 17 ST UNIT 107MIAMI, FL 33172MIAMI, FL 33172**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:

EUCLIDES MARTINEZ

Name

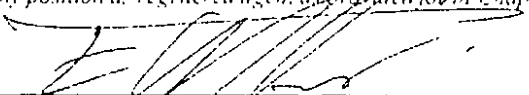
10890 NW 17 ST UNIT 107Florida street address (P.O. Box NOT acceptable)MIAMIFL33172

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 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)

FILED  
 2023 FEB 10 AM 11:03  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

H23000053663

H23000053663

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

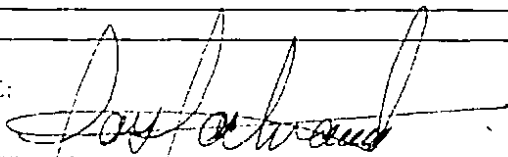
**Name and Address:**AMBREUCLIDES MARTINEZ10890 NW 17 ST UNIT 107MIAMI, FL 33172AMBRLAILA ACHRAM10890 NW 17 ST UNIT 107MIAMI, FL 33172

FILED  
FEB 10 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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.

LAILA ACHRAM

Typed or printed name of signer

**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)

H23000053663