

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H23000132735

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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

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FLORIDA DIVISION OF CORPORATIONS
ELECTRONIC FILINGFLORIDA LIMITED LIABILITY CO.
COLLECTION PEARLS, LLC

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FLORIDA DIVISION OF CORPORATIONS

M.A.

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COVER LETTER

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

SUBJECT: COLLECTION PEARLS, 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 VASOUTZ

Name of Person

ARMANDO TAXES LLC

Firm/Company

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:

COLLECTION PEARLS, 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:1545 NW 15TH ST APT 604
MIAMI, FL 33125Mailing Address:1545 NW 15TH ST APT 604
MIAMI, FL 33125**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:

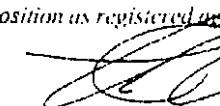
LILIANA ARGUELLO HERNANDEZ

Name

1545 NW 15TH ST APT 604Florida street address (P.O. Box NOT acceptable)

<u>MIAMI</u>	<u>FL</u>	<u>33125</u>
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)

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