Division of Corporations Electronic Filing Cover Sheet

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.

(((H23000203525 3)))



H230002035253ABCW

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 : BUSINESS ACCOUNTING PROFESSIONALS CORP

Account Number : I20190000020 : (786)953-7449 Phone Fax Number : (786)953-7450

**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. PRO & CLAIM LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

Articles of Organization For Florida Limited Liability Company

The undersigned company, for the purpose of forming a Florida limited liability company, hereby adopts the following Articles of Organization:

Article I

The name of the limited liability company is: PRO & CLAIM LLC

Article II

The street address of the principal office of the Limited Liability Company is: $6300~\rm{NW}~97^{TH}~\rm{AVE}$ DORAL, FL. 33178

The mailing address of the Limited Liability Company is: 6300 NW 97TH AVE DORAL, FL. 33178

Article HI

Other provisions, if any:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

LAURA JOSE LOPEZ ROAS 6300 NW 97TH AVE DORAL, FL. 33178

Having been named as a registered agent and to accept service of process of 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 full duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature:

Lurprice

Article V

The name and address of person(s) authorized to manage the LLC:

Title: AMBR

LAURA JOSE LOPEZ ROAS

6300 NW 97^{TB} AVE

DORAL, FL. 33178

Signature:

Article VI

The effective date of this Limited Liability Company Shall be:

06/05/2023

Signature of member or an authorized representative:

Signature:

I am a member or authorized representative submitting these Articles of organization and affirm that the facts state herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provide for in S.817.155. F.S. I understand the requirement to file an annual report between Japuar and May 1st in the calendar year following the formation of the LLC and every thereafter to maintain "active" status.