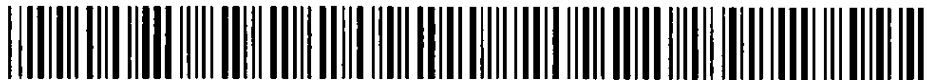


L23000275828

Florida Department of State  
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.

((H23000205720 3)))



H230002057203ABCV

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 : ULLOA & COMPANY PROFESSIONAL ASSOCIATION  
Account Number : I20190000086  
Phone : (305)275-1300  
Fax Number : (305)275-1301

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: je\_abbareli@yahoo.com

FLORIDA LIMITED LIABILITY CO.

Abbareli Services LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

2023 JUN -7 PM 2:51

REGISTRARS  
COMMERCIAL  
SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 JUN -7 PM 1:37

FILED

(((H23000205720 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Abbareli Services LLC

FEI/EIN Number: 81-5201385

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

401 SW 17 Ave, Apt 406

Miami, FL 33135

Mailing Address:

8527 Sweetstone Field Court

Cypress, TX 77433

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.)

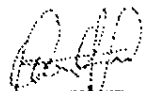
The name and the Florida street address of the registered agent are:

Ulloa and Company Professional Association

14050 SW 84 Street, Suite 104

Miami, FL 33183

*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..*

  
05/07/2023  
Registered Agent's Signature (REQUIRED)

FILED  
2023 JUN -7 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FL

((H23000205720 3)))

ARTICLE IV-

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

Title:

AMBR

Name and Address:

Jairo O Estrada

8527 Sweetstone Field Court

Cypress, TX 77433

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.

REQUIRED SIGNATURE:

Date: 06/07/2023

Jairo Estrada

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.

Jairo O Estrada

(Typed or printed name of signee)

2023 JUN -7 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED