

L23000324778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

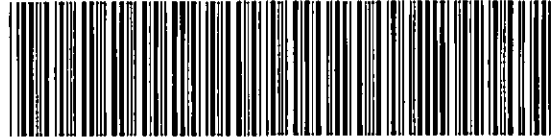
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/22/23--01038--020 **125.00

23 MAY 22 PM 9:11A
SECRETARY
FALLS CHURCH, VA

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*

COVER LETTER

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

SUBJECT: SILVIA ROS IMAGES 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:

SILVIA ROS

Name of Person

SILVIA ROS IMAGES LLC

Firm/Company

249 NW 91 STREET

Address

MIAMI SHORES, FL 33150

City/State and Zip Code

SILVIA@SILVIAROS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SILVIA ROS 305 510-4978

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

SEARCHED
SERIALIZED
INDEXED
FILED
23 MAY 22 PM 9:06
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SILVIA ROS IMAGES 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:

249 NW 91 STREET
MIAMI SHORES, FL 33150

Mailing Address:

249 NW 91 STREET
MIAMI SHORES, FL 33150

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.)

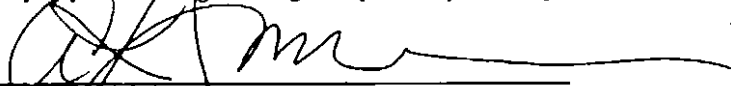
The name and the Florida street address of the registered agent are:

A. K. SWANSON
Name

249 NW 91 STREET
Florida street address (P.O. Box **NOT** acceptable)

MIAMI SHORES FL 33150
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)

SECRET
TALLAHASSEE, FLORIDA

23 MAR 22 PM 9:06

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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:

AMBR _____

SILVIA ROS
249 NW 91 STREET
MIAMI SHORES FL 33150

AMBR _____

ANNE K. SWANSON
249 NW 91 STREET
MIAMI SHORES FL 33150

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/15/2023 (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:



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.

SILVIA ROS

Typed or printed name of signee

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)

23 MAY 23 PM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED