1 9/6/23, 3:47 PM



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.

(((H23000311506 3)))



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 : TPBS CORP Account Number : I20190000112 Phone : (786)389-2779 Fax Number : (305)356-3688

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

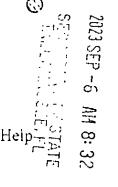
Email Address:_

FLORIDA LIMITED LIABILITY CO. CARLOS GIL ENTERPRISE LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu



H230003115063

ARTICLESOF (XIGANIZATION FOR FLA	DRIDALIMITE	LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:		
CARLOS GIL ENTERPRISE LLC (Must contain the words "Limited Lia	bility Company,	"L.L.C.," or "LLC.")
ARTICLE 11 - Address: The mailing address and street address of the principal office	ce of the Limited	Liability Company is:
Principal Office Address:		Mailing Address:
450 SW 133 RD TERRACE DAVIE	450	SW 133 RD TERRACE DAVIE
FORT LAUDERDALE, FL. 33325	FOR	RT LAUDERDALE, FL 33325
The name and the Florida street address of the registered ag CARLOS ENRIQUE GI	L ROJAS	
N'	ame	
450 SW 133 RD TERR/	ACE DAVIE	
Florida street address (P	.O. Box <u>NOT</u> ac	cceptable)
FORT LAUDERDALE	FL	33325
City	State	Zip
Having been named as registered agent and to accept service of place designated in this certificate. I hereby accept the appoint further agree to comply with the provisions of all statutes relations am familiar with and accept the obligations of my position as real familiar.	ment as registere ing to the proper egistered agent a	d agent and agree to act in this capacity. I and complete performance of my duties, and i
Registered	Agent's Signatu	ire (REQUIRED)

(CONTINUED)

H220003f16063 ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company; Name and Address: Title:
"AMBR" = Authorized Member "MGR" - Manager CARLOS E GIL ROJAS 450 SW 153 RD TERRACE DAVIE AMBR FORT LAUDERDALE, FL.333. (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. Enirque **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. CARLOS E GIL ROJAS Typed or printed name of signee

H. DURWASHO