

9/13/23, 9:14 AM

Division of Corporations

L2300042896
Florida Department of State (H23000321904 3)))
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : YOUR DREAM SERVICES CORP.
Account Number : 120200000137
Phone : (786)660-0108
Fax Number : (786)364-1047

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

Email Address: info@yourdreamms.com

RECEIVED
2023 SEP 13 PM 12:05
DIVISIONS
FILING

**FLORIDA LIMITED LIABILITY CO.
JYA Services LLC**

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

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2023 SEP 13 AM 11:02
STATE OF FLORIDA
ALLAHASSI, TILLY

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COVER LETTER ((H23000321904 3))

TO: New Filing Section
Division of Corporations

SUBJECT: JYA Services 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:

Aaron Angel Chavez Barrios

Name of Person

Aaron Angel Chavez Barrios
Firm/Company

8150 Nw 53rd St

Address

Doral, Florida 33166

City/State and Zip Code

jyaservices0@gmail.com

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

For further information concerning this matter, please call:

Aaron Chavez 305 746-9700
Name of Person at (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:

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JYA Services 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:

Mailing Address:

8150 Nw 53rd St

8150 Nw 53rd St

Doral, Florida 33166

Doral, Florida 33166

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:

Your Dream Multiservices Corp

Not

9554 NW 41st ST

Florida street address (P.O. Box **NOT** acceptable)

Doral

Florida

33178

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 ~~its~~ 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, FS.

Isamar Torres

Registered Agent's Signature (RED RED)

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JAIL ANASSEE, FL 33602

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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Aaron Angel Chavez Barrios

8150 Nw 53rd St

Doral, Florida 33166

(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.

Real State

REQUIRED SIGNATURE:

Aaron Angel Chavez Barrios

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.

Aaron Angel Chavez Barrios

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)

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