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.

(((H23000338850 3)))



H230003388503ABC%

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ARMANDO TAXES LLC

Account Number : I20200000170

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

Email Address: ARMANDO@ARMANDO

FLORIDA LIMITED LIABILITY CO. AMAZON BY ROSE GOALS, LLC

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Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

T. MATTHEWS

SEP 28 2023

COVER LETTER

H23000338850

	ew Filing Sec ivision of Co				
SUBJECT		BY ROSE GOALS, LLG	C		
SUBJECT	•	Name of L	imited Lial	ility Corpuy	
The enclos	ed Articles of	Organization and fee(s)	are submitt	ed for filing.	
Please retu	rn all correspo	ondence concerning this i	natter to th	e following:	
	ARMANDO	VASQUEZ			
			Name	of R is co	
	ARMANDO	TAXES LLC			
			โก็สาห์	देगाग्राफु	
	5721 NW 11	2TH AVE APT 108			
			A	thes	
	DORAL, FL	33178			
2	ARMANDO(ŷARMANDOTAXES.C)	•	and Zip Cole	
	ı	2-mail address; (to be use	d for future	e annual report notificat	ion)
For further in	nformation co	ncerning this matter, plea	se call:		
	ARMANDO		305	803-4427)	
•	Nin			Daytime Telephon	e Number
Enclosed is	a check for th	ne following amount:			
□\$125,00	Filing Fee	■\$130.00 Filing Fee & Certificate of Status	Certi	55.00 Filing Fee & fied Copy and copy is enclosed)	I\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is endosed)

MailingAddress

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, PL 32314 Street Address

New Filing Section Division The Centre of Tallahussee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 . . .

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
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ARTICLE 1 - Name:

The name of the Limited Liability Company is:

12000338830 12023 SEP 27 PH 4: 47

TALLAHASSEE, FL

AMAZON BY ROSE GOALS, ELC.

(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
4510 SW 146 ST MIAMI, FL 33175	4310 SW 146 ST MIAMI, FL 33175

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

ROSA ENILDA LO	PEZ DE ABREU	
	מואה	-
4510 SW 146 ST		
Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)
MIAMI	FL	33175
Ċίν	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 his 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 Clipter 605, ES

Registered Agent Signature (410) 1411)

(CONTINUED)

1 - 1 - 1

H23000338850 ARTICLE IV-The name and address of each person authorized to manage and control the Limited Diability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR ROSA ENILDA LOPEZ DE ABREU 4510 SW 146 ST MIAMI, FL 3317 (Use attachment if necessary) ARTICLEV: 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. ARTICLEVI: Other provisions, if any, ALL AND ANY LAWFUL BUSINESS REOURED SIGNATURE: < Signature of a member of 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. ROSA ENILDA LOPEZ DE ABREU Typed or printed name of sign @

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)