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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CITI TAXES LLC Account Number : I20230000131 Phone : (305)803-4427 Fax Number : (305)402-6230

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

CHI.TAXES@YAHOO.COM

FLORIDA LIMITED LIABILITY CO. WA SERVICES US, LLC

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H23000406366



FLORIDA DEPARTMENT OF STATE
Division of Corporations

CITI TAXES LLC

November 29, 2023

SUBJECT: WA SERVICES, LLC

REF: W23000159116

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P23000062008.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tekayla T Matthews Regulatory Specialist II New Filings Section FAX Aud. #: H23000406366 Letter Number: 323A00027218

H23000406366

COVER LETTER

	ew Filing Sec ivision of Co						
SUBJECT		TICES US, LLC					
SUBJEC.	-	Nar	ne of Lim	ited Liabi	lity Company		-
The enclos	ed Articles of	Organization and	fee(s) are	submitte	d for filing.		
Please retu	rn all corresp	ondence concernin	g this ma	tter to the	following:		
	ARMANDO	VASQUEZ					
	-			Nате о	f Person		
	CITETAXES	S LLC					
			-	Firm/C	ompany	_ ·	
	5721 NW 11	2TH AVE APT 10	08				
				Add	ress		····
	DORAL, FL	. 33178					
	OPPLE AVEC	ΔΥ. 11/ΔΩ. (ΔΩ. E.	Ci	ty/State a	nd Zip Code		
		@YAHOO.COM E-mail address (to	be used:	for future	annual report notificat	ion)	
For further i	nformation co	oncerning this matte	er, please	call.			
	ARMANDO	VASQUEZ	30 <i>5</i> at (5	803-4427		
	Nani	ie of Person		ea Code	Daytime Telephon	se Number	•
Enclosed is	s a check for t	he following amou	ınt:				
□\$125.00	Filing Fee	□S130,00 Film Certificate of S		Certif	i5.00 Filing Fee & ied Copy nal copy is enclosed)	Certificate Certified C	Filing Fee, of Status & Jopy opp is enclosed
	New F Division P.O. B	ig Address iling Section on of Corporations lox 6327 assee, FL 32314			Street Address New Filing Section De The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	ussee et, Suite 810	

From: Armando Vasquez

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H23000406366

ARTICLE I	- Name:
-----------	---------

The name of the Limited Liability Company is:

WA SERVICES US, 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:

9601 Fontainebleau Blvd Apt 302 Miami, FL 33172 9601 Fontainebleau Blvd Apt 302 Miami, FL 33172

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.

WILLMIKEL E. ASCANIO PEREZ

Name

9601 Fontainchleau Blvd Apt 302

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

Miami

11.

33172

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited hability 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)

ARTICLE IV-

H23000406366

<u>Title:</u> "AMBR" = At "MGR" = Mar	thorized Membe ager	-	Name and Address:		
AMBR	<u> </u>		WILLMIKEL E. ASCANIO PEREZ 9601 Fontainebleau Blyd Apt 302 Miami, Ft. 33172		
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