

12/11/23, 3:00 PM Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
Please print your name as a cover sheet. Enter the tax 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)517-6381

From:  
Account Name : DOCUMENT PLANET INC  
Account Number : 120189000095  
Phone : (305)518-3848  
Fax Number : (786)789-2416

\*\*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@yourdreams.com

FLORIDA LIMITED LIABILITY CO.  
Atlantis PJ Services LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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STATE  
TALLAHASSEE, FL

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T. MATTHEWS

DEC 12 2023

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Atlantis PJ Services LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Pilar Jimenez

\_\_\_\_\_  
Name of Person

*Maria Pilar Jimenez*

\_\_\_\_\_  
Firm/Company

9223 Sw 130th St

\_\_\_\_\_  
Address

Miami, Florida 33176

\_\_\_\_\_  
City/State and Zip Code

atlantispj@gmail.com

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

For further information concerning this matter, please call:

Maria Pilar Jimenez

305

3160362

at (\_\_\_\_\_) \_\_\_\_\_

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy

☐ \$130.00 Filing Fee &  
Certificate of Status

(additional copy is enclosed)

(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:

Atlantis PJ Services LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

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CLERK OF STATE  
TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

9223 Sw 130th St

Miami, Florida 33176

Mailing Address:

9223 Sw 130th St

Miami, Florida 33176

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

None

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 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.*

*Jaime Torres*

Registered Agent's Signature (REQUIRED)

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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:**

MGR

Maria Pilar Jimenez

9223 Sw 130th St

Miami, Florida 33176

(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.

Any and All Lawful Business.

**REQUIRED SIGNATURE:**

*Maria Pilar Jimenez*

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.

Maria Pilar Jimenez

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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