

L2400007165

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To:

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

From:

Account Name : WISE TAX FIRM INC.
Account Number : I20210000013
Phone : (786)620-0001
Fax Number : (786)227-6631

****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. WHITE GLOVE REAL ESTATE SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2/14/24
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[Electronic Filing Menu](#)

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15/24

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WHITE GLOVE REAL ESTATE 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:

25791 SW 123RD AVE
HOMESTEAD FL 33032

Mailing Address:

25791 SW 123RD AVE
HOMESTEAD, FL 33032

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:

YANIMA LOPEZ RIVERA

Name

25791 SW 123RD AVE

Florida street address (P.O. Box NO acceptable)

HOMESTEAD FL 33032
City State Zip

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

AMBR

YANIMA LOPEZ RIVERO
25791 SW 123RD AVE
HOMESTEAD, FL 33033

AMBR

ARTURO RIVERO
25791 SW 123RD AVE
HOMESTEAD, FL 33033

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(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.

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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.

YANIMA LOPEZ RIVERO
Typed or printed name of signer

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TALLAHASSEE, FLORIDA