

2/21/24, 10:08 AM

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Division of Corporations
Florida Department of State
Electronic Filing Cover Sheet
(((H24000069733 3)))

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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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)517-6381

From: Account Name : YOUR DREAM SERVICES CORP.
Account Number : 120200000127
Phone : (786)560-8108
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: 120200000127@VWBP.Vegas

FLORIDA LIMITED LIABILITY CO.
VWBP Vegas Wealth Business Properties LLC

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

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2024 FEB 21 AM 11:05

2024 FEB 21 PM 6:43

COVER LETTER

(FH24000069733 33)

TO: New Filing Section
Division of Corporations

SUBJECT: VWBP Vegas Wealth Business Properties 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:

Christiane Vega

Name of Person

Christiane Vega
Firm/Company

800 West Avenue Apt 714

Address

Miami Beach, FL 33139

City/State and Zip Code

vegachristiane1@gmail.com

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

For further information concerning this matter, please call:

Christiane Vega

at (305)

889-9269

Name of Person

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:

VWBP Vegas Wealth Business Properties 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:

800 West Avenue Apt 714
Miami Beach, FL 33139

Mailing Address:

800 West Avenue Apt 714
Miami Beach, FL 33139

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

N/A

9554 Nw 41st St

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

Doral

Florida

33056

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 ~~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 ~~Chapter~~ **Chapter** 605, FS.*

Jaimes Torres

Registered Agent's Signature ((**RECAP**))

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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

<u>MGR</u>	<u>Christiane Vega</u>
	<u>800 West Avenue Apt 714</u>
	<u>Miami Beach, FL 33139</u>
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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.

Multiservices

REQUIRED SIGNATURE:

Christiane Vega
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.

Christiane Vega
Typed or printed name of **signer**

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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