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Electronic Filing Cover Sheet

(((H240001016143)))



H240001016143ABCT

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To:

Division of Corporations

Fax Number

Fax Number

: (850)617-6381

From:

Account Name : TAX S PRO CORP Account Number : 120200000147

Phone :

: (786)307-2733 : (954)420-7118

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@TAXSPRO.COM

FLORIDA LIMITED LIABILITY CO. SMART VEGAS IT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Name and Address:

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	DENYS POLULYAKH 1943 MÜNRÜE ST., APT 105 HOLLYWOOD, FL 33020
(Use attachment if necessary)	
(If an effective date is listed, the date must be so the date of filing.)	e of filing: 03/16/2024 (OPTIONAL) sectific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as of State's records.
ARTICLE VI: Other provisions, if any.	· · · · · · · · · · · · · · · · · · ·
REQUIRED SIGNATURE:	MMM
Signature of a m	ember or any undered representative of a member

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.

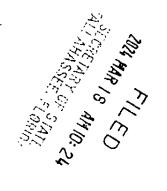
DENYS POLULYAKH

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)



夏 2 of 4

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SMART VEGAS IT 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:

From: +19544207118 (TAX S PRO)

Principal Office Address:

Mailing Address:

1943 MONROE ST , APT 105	1943 MONROE ST, APT 105	
HOLLYWOOD,,FL 33020	HOLLYWOOD, FL 33020	

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:

ANWAR I PUELLO		
N	lame	
8030 PINES BLVD		
Florida street address (I	P.O. Box NOT ac	cceptable)
PEMBROKE PINES	FL	33024
City	State	Zip

Having heen 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 lam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Signature (REOUIRED)

(CONTINUED)



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COVER LETTER

	ew Filing Section ivision of Corporations	
	SMART VEGAS IT LLC	
SUBJECT		of Limited Liability Company
The encios	ed Articles of Organization and fee	(s) are submitted for filing.
Please retu	rn all correspondence concerning th	nis matter to the following:
	ANWAR PUELLO	
		Name of Person
	TAX S PRO CORP	
		Firm/Company
	8030 PINES BLVD	
		Address
	PEMBROKE PINES, FL 33024	
	DIFOCT A VENDO COM	City/State and Zip Code
	INFO@TAXSPRO.COM E-mail address: (to be	used for future annual report notification)
For further is	nformation concerning this matter,	·
	ANWAR PUELLO	7863072733 7863072733
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
≣\$ 125.00	Filing Fee	cee & \$\Bigcup \\$155.00\$ Filing Fee & \$\Bigcup \\$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 Tailahassee, FL 32303