

C24000 127146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

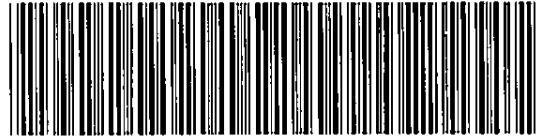
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FLORIDA RESEARCH & FILING SERVICES, INC.

4044 LONGLEAF CT

TALLAHASSEE, FL 32310

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

1. CBA TAX SERVICES LLC

PLEASE RETURN A STAMPED COPY & A CERTIFICATE OF STATUS

CHECK: #9848 AMOUNT: \$130.00

THANK YOU

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: CBA TAX SERVICES 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:

CLARA MONTEAGUDO

Name of Person

CBA MIAMI LLC

Firm/Company

7455 COLLINS AVE

Address

SUITE 208

City/State and Zip Code

clara.monteagudo@cbamiamius.com

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

For further information concerning this matter, please call:

CLARA MONTEAGUDO 954 608-4896
Name of Person at () 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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TALLAHASSEE, FL
DIVISION OF CORPORATIONS

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CBA TAX 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:

7455 COLLINS AVE STE 208
MIAMI BEACH FL 33141

Mailing Address:

7455 COLLINS AVE STE 208
MIAMI BEACH FL 33141

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:

CLARA MONTEAGUDO

Name

1137 NW 133 AVE

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

PEMBROKE PINES

FL

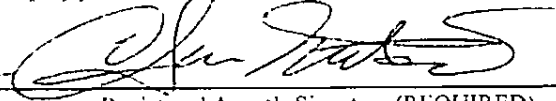
33028

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLARA MONTEAGUDO
STATE
ALLAHASSEE, FL

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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 _____

JAIME REYES
1600 PONCE DE LEON BLVD STE 901
CORAL GABLES FL 33134

MGR _____

CLARA MONTEAGUDO
1137 NW 133 AVE
PEMBROKE PINES FL 33028

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3/8/2024 (OPTIONAL)

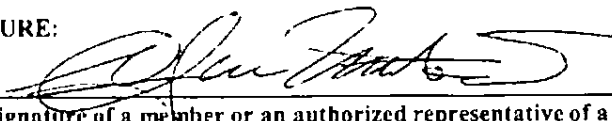
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

**PURPOSE: ACCOUNTING, BUSINESS CONSULTANT, TAX SERVICES AND ALL OTHER LEGAL BUSINESS
RELATED SERVICES.**

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.

CLARA MONTEAGUDO

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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DEPARTMENT OF STATE
TALLAHASSEE, FL

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