

L24000198985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

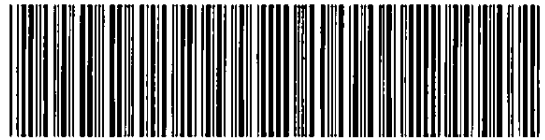
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FL
2024 APR 24 AM 9:19

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COVER LETTER

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

SUBJECT: I. NIEVES INMIGRATION FORMS, 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:

ILIANA I NIEVES
Name of Person

ILIANA'S TRAMITES & MULTISERVICES, LLC
Firm/Company

2604 N SAINT VINCENT ST
Address

TAMPA FL 33607
City/State and Zip Code

TRAMITESTAMPA@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ILIANA I NEVES 813 454-1547
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

2024 APR 24 AM 6:55
STATE
TALLAHASSEE, FL

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ILIANA'S TRAMITES & MULTISERVICES, 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:

Mailing Address:

3811 W SLIGH AVE, SUITE H
TAMPA, FL 33614

2604 N SAINT VINCENT ST
TAMPA, FL 33607

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:

ILIANA I NIEVES

Name

2604 N SAINT VINCENT ST

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

TAMPA

FL

33607

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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2024 APR 24 AM
TAMPA, FL
STATE

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

ILIANA I. NIEVES
2604 N SAINT VINCENT ST, TAMPA FL 33607

MGR

EVELIO R SANCHO JULIAN
2604 N SAINT VINCENT ST, TAMPA FL 33607

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/01/2024 (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.

THE OPERATING ADDRESS OF THE LLC IS LOCATED AT:

Immaculate Winks, LLC/ Immaculate Professional Suites
3811 W Sligh Ave, Tampa, FL 33614, USA

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.

Iliana I. Nieves

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)

2024 APR 24 AM 11:00
FILED
DEPARTMENT OF STATE
TALLAHASSEE, FL