

18/6/24, 3:19 p.m.

#240002120993

Division of Corporations

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**L240002120993**

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To:

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

From:

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Account Number : I20220000106  
Phone : (407)318-0823  
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RECEIVED  
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DIVISION OF CORPORATIONS  
COMMERCIAL  
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FLORIDA LIMITED LIABILITY CO.  
AUTO STYLE SERVICE LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: AUTO STYLE SERVICE 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:

MUJICA BRITO, LEIDI KATHERINE

Name of Person

Firm/Company

3534 COZUMEL CIRCLE APT 416

Address

KISSIMMEE FLORIDA 34741

City/State and Zip Code

MUJICAKATHERINE@OUTLOOK.COM

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

For further information concerning this matter, please call:

MUJICA BRITO, LEIDI K. 574 3222689

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:

AUTO STYLE SERVICE 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:3534 COZUMEL CIRCLE APT 416  
KISSIMMEE FLORIDA 34741Mailing Address:3534 COZUMEL CIRCLE APT 416  
KISSIMMEE FLORIDA 34741**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:


MUJICA BRITO, LEIDI KATHERINE

Name

3534 COZUMEL CIRCLE APT 416Florida street address (P.O. Box **NOT** acceptable)

<u>KISSIMMEE</u>	<u>FLORIDA</u>	<u>34741</u>
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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**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

MUJICA BRITO, LEIDI KATHERINE  
3534 COZUMEL CIRCLE APT 416  
KISSIMMEE FLORIDA 34741

MGR

MUNOZ MUJICA, FRANCIEL DANIELIS  
3534 COZUMEL CIRCLE APT 416  
KISSIMMEE FLORIDA 34741

MGR

MUNOZ MUJICA, AARON DICORSSI  
3534 COZUMEL CIRCLE APT 416  
KISSIMMEE FLORIDA 34741

(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.

**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.

MUJICA BRITO, LEIDI KATHERINE

\_\_\_\_\_  
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)