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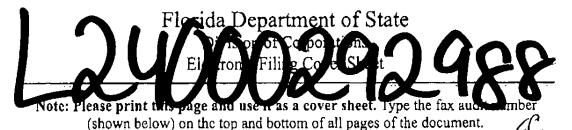
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Division of Corporations



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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)617-6381

From:

Account Name : HADAS ACCOUNTING AND TAX SERVICES

Account Number : I20170000018

Phone Fax Number : (305)222-2289 : (305)221-3810

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please. ••

Email Address: hadastness ryces amol. com.

(ECENTED)

FLORIDA LIMITED LIABILITY CO. LAST MINUTE PRESS LLC

Certificate of Status	0
Certified Copy	0
Page Count	4
Estimated Charge	\$125.00

See attached Correction.

JUL -2 PHIN 23

COVER LETTER

	New Filing Se Division of Co						
SUBJEC		NUTE PRESS LLC					
300320		Name of	Limited	Liability Company			
The enclo	osed Articles of	f Organization and fee(s	s) are sub	mitted for filing.			
Please ret	um all corresp	ondence concerning thi	s matter	to the following:			
	BLANCA I	LACAYO					
			N:	ame of Person			
	HADAS AC	COUNTING & TAX	SERVIC	ES			
			F	rm/Company	<u> </u>		
	210 SW1 07	TH AVE					
				Address			
	MIAMI FL	33174					
			City/S	tate and Zip Code			
		vices@gmail.com					
				uture annual report notificat	ion)	2021	
For further	information co	ncerning this matter, pl	ease call	:		IJ.	ander.
	BLANCA L	LACAYO at	305	222-2289		-2	4600
	Nam	e of Person	Area C	ode Daytime Telephon	e Number	2024 JUL -2 PHII: 24	
Enclosed	is a check for t	he following amount:			STA	 2	6
ៗ \$125.0	0 Filing Fee	☐\$130.00 Filing Fee Certificate of Status	(□\$155.00 Filing Fee & Certified Copy ditional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	•	
	Mailin	ip Address		Street Address			

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FLORIL	A LIVITED HABILITY COVIDANX
ARTICLE I - Name: The name of the Limited Liability Company is:	
LAST MINUTE PRESS 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:
YOAMI SENA SOLER ALEX E DE LOS REYES	8400 NW 36 ST # 450 DORAL FL 33166 8400 NW 36 ST #450 DORAL FL 33166
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Register another business entity with an active Florida registration.) The name and the Florida street address of the registered agent a	ared Agent. You must designate an individual or
Blacks	[] p.

210 SW 107TH AVE

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

Name

MIAMI - F/ 33/7

State

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)

2024 JUL -2 PHII: 24
SECTION OF STATE

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	YOAMI SENA SOLER 8400 NW 36 ST SUITE 450 DORAL FL 33 66	
MGR	ALEX E DE LOS REYES 8400 NW 36 ST SUITE 450 DORAL FL 33166	
(Use attachment if necessary) EV: Effective date, if other than	the date of filing: 06/27/2024 (OPTION	AL)
E V: Effective date, if other than ective date is listed, the date mu of filing.)	the date of filing: 06/27/2024 st be specific and cannot be more than five business days prior ses not meet the applicable statutory filing requirements, this dat	r to or 90 day
EV: Effective date, if other than ective date is listed, the date must filling.) the date inserted in this block doment's effective date on the Department's effective date on the Department.	the date of filing: 06/27/2024 st be specific and cannot be more than five business days prior ses not meet the applicable statutory filing requirements, this dat	r to or 90 day
E V: Effective date, if other than ective date is listed, the date must filling.) the date inserted in this block doment's effective date on the Department's effective date on the Department is document in Lam aware that a	the date of filing: 06/27/2024 st be specific and cannot be more than five business days prior ses not meet the applicable statutory filing requirements, this dat	r to or 90 day se will not be Statutes.
E V: Effective date, if other than ective date is listed, the date must filing.) the date inserted in this block doment's effective date on the Depie E VI: Other provisions, if any. REOUTRED SIGNATURE: Fignature This document is a may aware that a constitutes a thir	the date of filing: 06/27/2024 St be specific and cannot be more than five business days prior ses not meet the applicable statutory filing requirements, this date artment of State's records. of a member or an authorized representative of a member. sexecuted in accordance with section 605.0203 (1) (b), Florida State information submitted in a document to the Department	r to or 90 day