

7/23/24 3:26 PM

Division of Corporations

## Florida Department of State

Division of Corporations

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## To:

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

## From:

Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP  
Account Number : 120190000020  
Phone : (786)953-7449  
Fax Number : (786)953-7450

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SEAL OF THE STATE  
TALLAHASSEE, FL

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## FLORIDA LIMITED LIABILITY CO.

## LAASPIRADORA LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

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## Articles of Organization For Florida Limited Liability Company

The undersigned company, for the purpose of forming a Florida limited liability company, hereby adopts the following Articles of Organization:

### Article I

The name of the limited liability company is:  
**LA ASPIRADORA LLC**

### Article II

The street address of the principal office of the Limited Liability Company is:  
**17670 NW 78 AVENUE SUITE 208  
HIALEAH, FL. 33015**

The mailing address of the Limited Liability Company is:  
**17670 NW 78 AVENUE SUITE 208  
HIALEAH, FL. 33015**

### Article III

Other provisions, if any:  
**ANY AND ALL LAWFUL BUSINESS.**

### Article IV

The name and Florida street address of the registered agent is:  
**KATERINE GONZALEZ  
17670 NW 78 AVENUE SUITE 208  
HIALEAH, FL. 33015**

Having been named as a registered agent and to accept service of process of 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.

Registered Agent Signature: *Katherine Gonzalez*

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TALLAHASSEE, FL

Article V

The name and address of person(s) authorized to manage the LLC:

Title: AMBR  
KYA HOLDINGS LLC  
17670 NW 78 AVENUE SUITE 208  
HIALEAH, FL. 33015

Signature: Katherine Gonzalez

Article VI

The effective date of this Limited Liability Company Shall be:

07/24/2024

Signature of member or an authorized representative:

Signature: Katherine Gonzalez

I am a member or authorized representative submitting these Articles of organization and affirm that the facts state herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following the formation of the LLC and every year thereafter to maintain "active" status.

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