

H240002412383 2nd Request

16/7/24, 2:14 p.m.

Division of Corporations

Florida Department of State

L24000326319

((H240002412383))

FL
7-26-24



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To:

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

From:

Account Name : LATIN AMERICAN TAXPRO
Account Number : 120220000106
Phone : (407)318-0823
Fax Number : (561)467-5851

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO. VAGUE CLEAN SERVICES LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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FLORIDA
DIVISION OF
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COVER LETTER

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

SUBJECT: VAGUE CLEAN SERVICES LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OSWALDO CRISTOFER, VALLECILLO GUEVARA

Name of Person

Firm/Company

920 BERKISHARE RD

Address

DAYTONA BEACH, FLORIDA, 32117

City/State and Zip Code

CRISVALLECILLO080894@GMAIL.COM

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

For further information concerning this matter, please call:

OSWALDO, VALLECILLO 407 6323426
Name of Person at (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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SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VAGUE CLEAN 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:

920 BERKISHARE RD
DAYTONA BEACH, FLORIDA 32117

Mailing Address:

920 BERKISHARE RD
DAYTONA BEACH, FLORIDA 32117

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:

OSWALDO CRISTOFER VALLECILLO GUEVARA

Name

920 BERKISHARE RD

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

<u>DAYTONA BEACH</u>	<u>FLORIDA</u>	<u>32117</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, and 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.

OswaldoVG

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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JUL 25 2024

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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

OSWALDO CRISTOFER VALLECILLO GUEVARA
920 BERKISHARE RD
DAYTONA BEACH FLORIDA 32117

MGR

DIANA LUCIA VALLECILLO GUEVARA
920 BERKISHARE RD
DAYTONA BEACH FLORIDA 32117

(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:

Oswaldo Vg

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.

OSWALDO CRISTOFER VALLECILLO GUEVARA

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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