

Florida Department of State

Division of Corporations

Electronic Filing Service

No. Please use this page as a cover sheet. Type the fax and number (s) below on the top of all pages of the document.

(((H24000295288 3)))

FL
9-3-29

H240002952883ABC7

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

RECEIVED

2024 AUG 30 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO.
VAZQUEZ AND BROTHERS MULTISERVICES LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

SECRETARY OF STATE
TALLAHASSEE, FL

2024 AUG 30 PM 3:58

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

VAZQUEZ AND BROTHERS MULTISERVICES LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

15425 SW 168TH TERRACE MIAMI FL 33137

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

YOSIVANIS ZAMBRANO VAZQUEZ

15425 SW 168TH TERRACE MIAMI FL 33137

FILED
2024 AUG 30 PM 3:59
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF MIAMI

ARTICLE IV

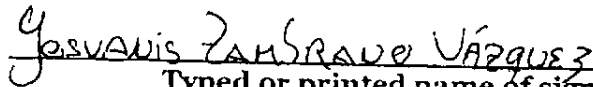
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

YOSIVANIS ZAMBRANO VAZQUEZ (AMBR)

EIN: 99-4715429

Required Signatures:**Signature of a member or an authorized representative of a member.**

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

**Typed or printed name of signee**

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)**DEPARTMENT OF STATE
TALLAHASSEE, FL

2024 AUG 30 PM 3:59

FILED