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FLORIDA LIMITED LIABILITY CO. THE CONCIERGE SERVICE GROUP LLC

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Mailing Address:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE CONCIERGE SERVICE GROUP LLC

Principal Office Address:

(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:

t interpret of the reduce va-	Committee and the control of the con	
4943 SW 75 AVE	4943 SW 75 AVE	
MIAMI, FL 33155	MIAMI, FL 33155	

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:

ARIADNA GUERR	Α	
	Name	
4943 SW 75 AVE	•	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	ceptable)
MIAMI	FL	33155
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company and place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. The 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.

Ariaara Guerra

Macan Guerra (REQUIRED)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	ARIADNA GUERRA 4943 SW-75 AVE
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sp	e of filing: (OPTIONAL). secific and cannot be more than five business days prior to or 90
the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department	meet the applicable statutory filing requirements, this date will not of State's records.
ARTICLE VI: Other provisions, if any.	

Ariadha Guerra Atadha Suerra (Seo 1 2024 20 1110)

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (i) (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.

ARIADNA GUERRA
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)