

L24000424096

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : CESPEDES CPA, INC
Account Number : 120220000109
Phone : (786)452-4615
Fax Number : (844)773-3487

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

Email Address: manoloian2004@yahoo.com

**FLORIDA LIMITED LIABILITY CO.
ROXI SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

2024 OCT -7 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FL

2023 OCT -7 PM 11:37

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:

ROXI 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:

390 NW 12TH AVE
FLORIDA CITY FL 33034

Mailing Address:

390 NW 12TH AVE
FLORIDA CITY FL 33034

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:

RODRIGUEZ RAMOS, ROXANA

Name

390 NW 12TH AVE

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

FLORIDA CITY FL 33034

City

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. 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..

Roxana Rodriguez (Oct 7, 2024 11:20 EDT)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

RODRIGUEZ RAMOS, ROXANA

390 NW 12TH AVE

FLORIDA CITY FL 33034

(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:

Roxana Rodriguez (Oct 7, 2024 11:20 EDT)

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.

RODRIGUEZ RAMOS, ROXANA

Typed or printed name of signer

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