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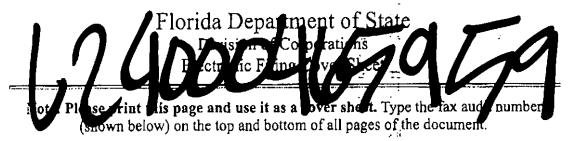
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Division of Corporations



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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

: HADAS ACCOUNTING AND TAX SERVICES

Account Number : I20170000018

Phone

: (305)222-2289

Fax Number

: (305)221-3810

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

## FLORIDA LIMITED LIABILITY CO. **ELUBY SWEET HOME LLC**

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

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## COVER LETTER

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SUBJECT:  Name of Limited Liability Company  The enclosed Articles of Organization and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  For furil  BLANCA L LACAYO  Name of Person  HADAS ACCOUNTING & TAX SERVICES INC  Firm/Company  210 SW 107TH AVE  Address  MIAMI FL 33174  City/State and Zip Code  hadastaxeservices@gmail.com	
Name of Limited Liability Company  The enclosed Articles of Organization and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  BLANCA L LACAYO  Name of Person  HADAS ACCOUNTING & TAX SERVICES INC  Firm/Company  210 SW 107TH AVE  Address  MIAMI FL 33174  City/State and Zip Code hadastaxeservices@gmail.com	
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Name of Person  HADAS ACCOUNTING & TAX SERVICES INC  Firm/Company  210 SW 107TH AVE  Address  City/State and Zip Code hadastaxeservices@gmail.com	
HADAS ACCOUNTING & TAX SERVICES INC  Firm/Company  210 SW 107TH AVE  Address  Address  City/State and Zip Code  hadastaxeservices@gmail.com	
Firm/Company  210 SW 107TH AVE  Address  Address  City/State and Zip Code  hadastaxeservices@gmail.com	
Address  Address  MIAMI FL 33174  City/State and Zip Code hadestaxeservices@gmail.com	
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E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Blanca L Lacayo 305 552-0038- 13	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:  C.	Fee
Certificate of Status Certified Copy Certificate of State (additional copy is enclosed) Certified Copy  (additional copy is enclosed) Certified Copy  (additional copy is enclosed)	tus &
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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ARTICLESOF	UKGANZATIONFO	RILUKIDALIMII	ED LABILATI COMI AINT	
ARTICLE I - Name:				
The name of the Limited Liabilit	y Company is:			
			4	
ELUBY SWEET HO	ME L	d Liebility Compa	ny, "L.L.C.," or "LLC.")	
(Must cond	ain the words Littuæ	a Liability Compa	ny, L.E.C., or EEC. )	
ARTICLE II - Address:			<u>.</u> .	
The mailing address and street ac	idress of the principal	l office of the Limi	ted Liability Company is:	
Principa	al Office Address:		Mailing Address:	
ng been   5285 SW 17TH TEI	OP A CE	ı	5285 SW 17TH TERRACE	
design MIAMI, FL 33185	- COLUMN TO THE		MIAMI, FL'33185'B	
er agre <del>si</del> millar <del>ve i</del>			* P	
ARTICLE III - Registered Age	ant Registered Office	e & Registered A	gent's Signature:	
The Limited Liability Company	cannot serve as its ov	vn Registered Age	nt. You must designate en individu	al or
another business entity with an a	ctive Florida registral	tion.)		
The name and the Florida street a	address of the register	ed agent are:		
	HADAS ACCOUN		RVICES INC	
	HADAS ACCOUN	Name		
	210 SW 107TH AV	/E	## · · · · · · · · · · · · · · · · · ·	
	Florida street addr		T acceptable)	
	MIAMI	FL	33174	
	City	Ştate	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.

(CONTINUED)

The : 1376. 2024 11 Plement

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Title:	Name and Address:	
"AMBR" = Authorized Memb	oer	
"MGR" = Manager	20 25 C	•
MGR	Eloisa Maria Ruiz Balmaceda	. i. i.
	15285 SW 17th Terracetu ' e t Miami, Fl 33185	, 1
	MIBIN, F1 53 163	
MGR	Lubianka Jissell Moreno Ruiz 15285 SW 17th Terrace	
•	Miami, Fl 33185	<del></del>
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\$ 5.00 Certificate of Status (Optional)

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