

L240000526679

Florida Department of State

Division of Corporations

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Account Name : CS TAX SOLUTIONS INC
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: limaservices_miami@hotmail.com

FLORIDA LIMITED LIABILITY CO.

~~SEISE, LLC~~

EL HUARIKE DELYSOCIO, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

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December 18, 2024

CS TAX SOLUTIONS INC

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUBJECT: SEISE, LLC
REF: W24000165850

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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Rickey L Richardson
Regulatory Specialist II
New Filing Section

FAX Aud. #: H24000411533
Letter Number: 024A00027518

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

EL HUARIKE DELYSOCIO, 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:Mailing Address:7371 NW 36TH STREET
MIAMI, FL 331667371 NW 36TH STREET
MIAMI, FL 33166

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:

RUBEN SOLER

Name

7371 NW 36TH STREETFlorida street address (P.O. Box **NOT** acceptable)MIAMI

City

FL

State

33166

Zip

2024 DEC 19 AM 10:52

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.

Ruben Soler

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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H24000411533 3**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:AMBRRUBEN SOLER2140 WEST FLAGLER STREET #104MIAMI, FL 33135

(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:***Ruben Soler***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.

RUBEN SOLER

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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