

27/12/24, 4:38 p.m.

Division of Corporations

H240004237083

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet**L24000530764**HH  
12-30-24

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LATIN AMERICAN TAXPRO  
Account Number : I20220000106  
Phone : (407)318-0823  
Fax Number : (561)467-5851

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
PLUS FINANCE SERVICES LLC**

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

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: PLUS FINANCE SERVICES LLC  
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:

HENRY SEGUNDO, VILLAMIZAR KRISTIN

Name of Person

PLUS FINANCE SERVICES LLC

Firm/Company

2949 SHARP RD

Address

KISSIMMEE FLORIDA 34744

City/State and Zip Code

PLUSFINANCESERVICESLLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HENRY S. , VILLAMIZAR K. 352 6028317  
Name of Person at ( ) Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PLUS FINANCE 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:

2949 SHARP RD  
KISSIMMEE FLORIDA 34744

Mailing Address:

2949 SHARP RD  
KISSIMMEE FLORIDA 34744

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:

HENRY SEGUNDO, VILLAMIZAR KRISTIN

Name

2949 SHARP RD

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

<u>KISSIMMEE</u>	<u>FLORIDA</u>	<u>34744</u>
City	State	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..*

HSVillamizar

Registered Agent's Signature (REQUIRED)

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**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:**

MGR

HENRY SEGUNDO, VILLAMIZAR KRISTIN  
2949 SHARP RD  
KISSIMMEE FLORIDA 34744

MGR

MARILIN COROMOTO, DIAZ BLANCO  
2949 SHARP RD  
KISSIMMEE FLORIDA 34744

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01/01/2025, (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:**

*H. Villamizar*

**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.

HENRY SEGUNDO, VILLAMIZAR KRISTIN

Typed or printed name of signer

**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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