

Florida Department of State

**L25000030266**  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H25000026652 3)))



H250000266523ABC

**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 : TAP SOLUTIONS INC  
Account Number : I20210000103  
Phone : (786)615-3057  
Fax Number : (786)615-3058

S. CHATHAM  
JAN 23 2025

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

Email Address: info@tapsolution.net

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

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

2025 JAN 23 PM 12:17

SECRETARY OF STATE  
2025 JAN 23 PM 3:15  
17:11 PM

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MEFET SERVICE 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:

3220 NW 93ST MIAMI, FL 33147

3220 NW 93ST MIAMI, FL 33147

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:

MARILEN SALGUERA ROSALES

Name

3220 NW 93ST

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

MIAMI, FL 33147

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.

MARILEN SALGUERA ROSALES

MARILEN SALGUERA ROSALES (12/31/21, 2025 15:52 EST)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2025 JAN 23 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FL  
[Signature]

**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

MARILEN SALGUERA ROSALES

3220 NW 93ST MIAMI, FL 33147

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**

MARILEN SALGUERA ROSALES

MARILEN SALGUERA ROSALES (1/23/25 10:52 EST)

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.

MARILEN SALGUERA ROSALES

Typed or printed name of signee

SECRET  
2025 JAN 23 PM 3:15  
STATE