

M1700002532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W17-4376

2821 16359

Office Use Only



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01/17/17--01021--016 \*\*130.00

MAR 24 2017  
S. YOUNG

17 JAN 17 PM 3:15

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL 32309



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 19, 2017

CHARLTON RODRIGUEZ  
PROFESSIONAL MULTIPLE SERVICES LLC  
107-G4 93 STREET  
OZONE PARK, NY 11417

SUBJECT: PROFESSIONAL MULTIPLE SERVICES LLC  
Ref. Number: W17000004376

2017 MAR 21 PM 3:39  
TALLAHASSEE, FL 32314

We have received your document for PROFESSIONAL MULTIPLE SERVICES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 617A00001130

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SECRETARY OF FLORIDA  
TALLAHASSEE, FL 32314  
17 JAN 17 PM 3:15

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Professional multiple Services LLC.  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Charlton Rodriguez  
Name of Person

Professional multiple Services LLC.  
Firm/Company

107-64 93 St  
Address

Ozone Park, NY 11417  
City/State and Zip Code

ProfessionalmultipleServices@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charlton Rodriguez at ( 347 ) 247-9122  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FL 32301  
17 JAN 17 PM 3:15

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Professional Multiple Services LLC.  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Professional Multiple Services LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NEW YORK  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-3267607  
(FEI number, if applicable)

4. N/A  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 107-64 93 ST  
Ozone Park, NY 11417  
(Street Address of Principal Office)

6. 107-64 93 ST  
Ozone Park, NY 11417  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CHARLYN RODRIGUEZ

Office Address: 621 CYPRESS LAKE BLVD #B  
POMPANO BEACH, Florida 33064  
(City) (Zip code)

**Registered agent's acceptance:**

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

CHARLTON RODRIGUEZ, CEO and Founder of  
Professional Multiple Services LLC, 107-64 93 ST Ozone Park, NY  
11417

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

[Signature]  
Signature of an authorized person

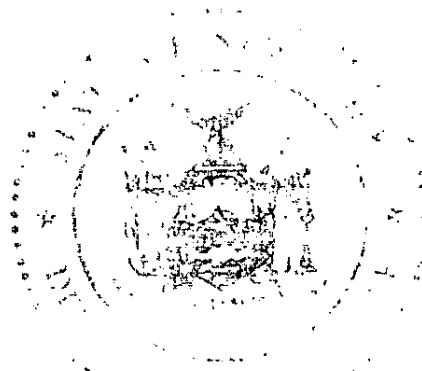
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Charlton Rodriguez  
Typed or printed name of signee

17 JAN 17 PM 3:15  
STATE OF FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**State of New York**  
**Department of State** } ss:

I hereby certify, that PROFESSIONAL MULTIPLE SERVICES LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/15/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department.



FILED  
SECRETARY OF STATE  
TALLMAN, J. L. 11700A  
17 JAN 17 PM 3:15

\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 01st day of March two  
thousand and seventeen.*

A handwritten signature in dark ink, appearing to read "B. Fitzgerald", is written over a horizontal line.

*Brendan W. Fitzgerald  
Executive Deputy Secretary of State*

**ACKNOWLEDGEMENT COPY**  
**ARTICLES OF ORGANIZATION**  
**OF**  
**PROFESSIONAL MULTIPLE SERVICES LLC**  
*Under Section 203 of the Limited Liability Company Law*

**FIRST:** The name of the limited liability company is:

**PROFESSIONAL MULTIPLE SERVICES LLC**

**SECOND:** The county, within this state, in which the office of the limited liability company is to be located is QUEENS.

**THIRD:** The Secretary of State is designated as agent of the limited liability company upon whom process against it may be served. The address within or without this state to which the Secretary of State shall mail a copy of any process against the limited liability company served upon him or her is:

LEGALINC CORPORATE SERVICES INC  
1967 WEHRLE DRIVE STE 1 #086  
BUFFALO, NY 14221

I certify that I have read the above statements, I am authorized to sign these Articles of Organization, that the above statements are true and correct to the best of my knowledge and belief and that my signature typed below constitutes my signature.

MARSHA SIHA, MARSHA SIHA (signature)

MARSHA SIHA, ORGANIZER  
17350 STATE HWY 249 STE 220  
HOUSTON, TX 77070

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filed by:**  
INCFILE.COM  
17350 STATE HWY 249 STE 220  
HOUSTON, TX 77070

**STATE of NEW YORK**  
**STATEMENT and RESIGNATION of the ORGANIZER**  
**A LIMITED LIABILITY COMPANY**

The undersigned, the Organizer of PROFESSIONAL MULTIPLE SERVICES LLC, who signed and filed its Articles of Organization (or similar organizing document) with the New York Secretary of State (or other appropriate state office), appoints the following individuals to serve as members of the limited liability company:

Name and address of each initial member:

CHARLTON RODRIGUEZ  
10764 93 ST  
OZONE PARK . New York 11417

Additionally, the undersigned does hereby tender his/her resignation as Organizer for the LLC, and from any and all involvement with, control of, or authority over the LLC, real or perceived, effective immediately.

**Dated: July 18th, 2016**

Marsha Siha

**Marsha Siha, Organizer**

17 JAN 17 PM 3:15

RECEIVED  
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