

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**L240002440423**

Note: Please print on 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.

((H24000244042 3)))



H240002440423ABCW

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 : ATESIANO TAX SERVICES  
Account Number : T20190000123  
Phone : (305)928-1137  
Fax Number : (786)349-4952

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

Email Address: Carlmansf@yahoo.com

RECEIVED

2024 JUL 24 PM 3:25

DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

FLORIDA LIMITED LIABILITY CO.  
ESTEVESS SOUND SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2024 JUL 26 PM 4:14

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

MS

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Esteves Sound Solutions 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:3635 NE 1st AVESameApt 1008Miami FL 33137

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:

Carlos Esteves

Name

3635 NE 1st AVE Apt 1008Florida street address (P.O. Box NOT acceptable)MiamiFL33137

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

2024 JUL 26 PM 4:14

**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

MGR

Carlos Esteves

3835 NE 1st AVE Apt 1008

Miami, FL 33137

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

The purpose of the limited liability company is to engage in any lawful activity for which a limited liability company may be organized in this state.

\_\_\_\_\_

**REQUIRED SIGNATURE:**



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.

Carlos Esteves

Typed or printed name of signer