

Florida Department of State

L25000022448

Division of Corporations
Recordation and Compliance Sheet

1.24-25

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.

((H25000022455 3)))



H250000224553ABCZ

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 : TPBS CORP
Account Number : I20190000112
Phone : (786)389-2779
Fax Number : (305)356-3688

****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. CITY SERVICIOS GLOBAL 2000 LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$130.00 |

RECEIVED

2025 JAN 21 AM 10:07

FILED

25 JAN 21 AM 7:33

FILED
CLERK OF STATE
TALLAHASSEE

Electronic Filing Menu

Corporate Filing Menu

Help

H250000224553

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CITY SERVICIOS GLOBAL 2000 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:5334 NW 94TH DORAL PL
DORAL FL 331785334 NW 94TH DORAL PL
DORAL FL 33178

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:

MARIANGELA CATAPANO

Name

5334 NW 94TH DORAL PLFlorida street address (P.O. Box **NOT** acceptable)DORALFL33178

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)

25 JAN 21 AM 7:33

FILED
COPY OF STATE
REGISTRATION

H250000224553

H250000224553

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

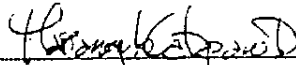
MANAGERMARIANGELA CATAPANO5334 NW 94TH DORAL PL.DORAL FL 33178

(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:

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.

MARIANGELA CATAPANO

Typed or printed name of signer

FILED
STATE
25 JAN 21 AM 7:33

H250000224553