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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LICENSES & PERMITS LLC

Account Number : I20210000155 Phone : (305)226-8727 Fax Number : (786)947-0844

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

Email	Address:							
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FLORIDA LIMITED LIABILITY CO. NYM CLEANING LLC

Certificate of Status 0 Certified Copy Page Count 01 Estimated Charge \$125.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLESO	FORGANIZATION FO	R FLORIDA LIMITEI	D LIABILITY COMPANY			
ARTICLE I - Name: The name of the Limited Liabili	ty Company is:					
NYM CLEANING I	LLC					
(Must cont	tain the words "Limited	Liability Company	, "L.IC.," or "I.LC.")			
ARTICLE II - Address: The mailing address and street a	ddress of the principa!	office of the Limited	I Liability Company is:			
<u>Princip</u>	al Office Address:		Mailing Address:			
1950 West 54th Stree	et	1950	0 West 54th Street			
Apt 112			Apt 112			
Hialeah, Florida 330	112	Hialeah, Florida 33012				
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own active Florida registrati	n Registered Agent, on.)	nt's Signature: You must designate an individual or			
The hand and the Prorpa street a	adoress of the registere	o agent are:				
	Yunaisy Beltran Ver	ra				
		Name				
	1950 West 54th Stre	et Apt 112				
	Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)			
	Hialeah	<u> </u>	33012			
	City	State	Z:p			

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 diales, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 603, F.S.,

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Same and Address:	
MGR	Yunaisy Beltran Vera 1950 West 54th Street Apt 172 Hialcah, Fl 33012	
		
		
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of filing.)	nte of filing: <u>JANUARY 14, 2025</u> , (OPTIONAL) specific and cannot be more than five business days prior to or	
LE V: Effective date, if other than the da fective date is listed, the date must be of filing.)	specific and cannot be more than five business days prior to or t meet the applicable statutory filing requirements, this date will:	
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