

1/20/25 9:38 AM

Division of Corporations

L25000040354

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

((H25000026465 3)))



H25000026465 3

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 : GAFI SERVICES CORP
Account Number : 120230000000
Phone : (305)903-1791
Fax Number : (786)615-3110

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.
GOMEZ MARQUEZ SERVICES LLC

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

2025 JAN 31 PM 4:22

RECEIVED

2025 JAN 31 PM 4:22

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

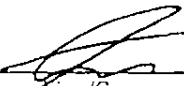
TO: New Filing Section
Division of Corporations

SUBJECT: GOMEZ MARQUEZ SERVICES LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDRES FERNANDO GOMEZ COBO
Name of Person


Firm/Company

9929 MIRAMAR PARKWAY
Address

MIRAMAR, FL 33025
City/State and Zip Code

Andres_F_444@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andres Fernando Gomez Cobo at (786) 616 9746
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|---|

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GOMEZ MARQUEZ SERVICES 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:

9929 MIRAMAR PARKWAY
MIRAMAR, FL 33025

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:

ANDRES FERNANDO GOMEZ COBO
Name

645 NW 1ST ST APT 808
Florida street address (P.O. Box NOT acceptable)

MIRAMAR FL 33128
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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 JAN 23 PM 4:50

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MGR

Name and Address:

ANDRES Fernando GOMEZ COBO
645 NW 1ST ST APT 808 Miami, FL 33128

JORGE LUIS MARQUEZ GARCIA
19954 NW 60TH CT HALLANDALE, FL 33015

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2024 JAN 23 PM 4:50

(Use attachment if necessary)

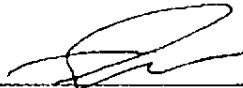
ARTICLE V: Effective date, if other than the date of filing: 1/23/2025 (OPTIONAL)

(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.

ANDRES FERNANDO GOMEZ COBO

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)