

# L23000120233

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : YOUR DREAM SERVICES CORP.  
Account Number : 12020000137  
Phone : (786)660-0108  
Fax Number : (786)364-1047

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

Email Address: INFO@YOURDREAMMS.COM

FLORIDA LIMITED LIABILITY CO.  
TOO YOUNG TOO LEGEND LLC

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

2023 MAR 15 AM 5:13  
FALL ASSISTANT CLERK

011230(009797) 311

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: TOO YOUNG TOO LEGEND LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

JORGE L. PABON RODRIGUEZ

Name of Person

*Jorge Pabon Rodriguez*  
Firm Company

6512 NW 14TH AVE UNIT 111

Address

MIAMI FL 33147

City, State and Zip Code

media@medicnache.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

JORGE PABON                      786                      6651929  
at (                      )  
Name of Person                      Area Code                      Daytime Telephone Number

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 (additional copy is enclosed)
- \$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

((F230107)703))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TOO YOUNG TOO LEGEND 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:

6512 NW 14TH AVE UNIT 111  
MIAMI FL 33147

6512 NW 14TH AVE UNIT 111  
MIAMI FL 33147

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:

YOUR DREAM MULTISERVICES CORP  
N/A

8300 SW 53RD ST SUITE 350  
Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33166  
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 ~~his~~ 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, FS.*

Isamar Torres

Registered Agent's Signature ~~(S)~~(S)

(CONTINUED)

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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 \_\_\_\_\_

JORGE L PABON RODRIGUEZ  
6512 NW 4TH AVE UNIT 111  
MIAMI FL 33147

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

ANY AND ALL LAWFUL BUSINESS  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

Jorge Pabon Rodriguez  
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.

JORGE PABON RODRIGUEZ  
Typed or printed name of signee

FILED  
MAR 15 AM 5:13  
TALLAHASSEE, FLORIDA

**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)

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