

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

371219

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) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

\*\*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.

AF REAL ESTATE, LLC

AFR. Estate, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

RECEIVED

12 JAN -6 AM 7:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDASECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 JAN -6 AM 10:11

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

JAN - 9 2012

EXAMINER

1/5/2012

H12000004324

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **AF R. ESTATE, 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:

Jose. J. Armas

Name of Person

Firm/Company

4960 SW 72 Avenue, Suite 406

Address

Miami, Florida 33155

City/State and Zip Code

pepearm@aol.com

Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J. Alfredo Armas

Name of Person

at 305 661-2021

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  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**AF R. ESTATE, LLC**

(Must end with 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:**

4960 sw 72 Avenue, Suite 406  
Miami, Florida 33155

**Mailing Address:**

4960 sw 72 Avenue, Suite 406  
Miami, Florida 33155

**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:

J. Alfredo Armas

Name

4960 SW 72 Avenue, Suite 206

Florida street address (P.O. Box **NOT** acceptable)

Miami

FL 33155

City, State, and 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 608, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

JOSE J. ARMAS  
4960 SW 72 AVENUE, SUITE 406  
MIAMI, FL 33155

MGR

ADA ARMAS  
4960 SW 72 AVENUE, SUITE 406  
MIAMI, FL 33155

MGRM

CAROLINA ARMAS  
4960 SW 72 AVENUE, SUITE 406  
MIAMI, FL 33155

MGRM

JOSE MANUEL ARMAS  
4960 SW 72 AVENUE, SUITE 406  
MIAMI, FL 33155

MGRM

(Use attachment if necessary)

Anthony Alexander Armas  
4960 SW 72 Ave, Ste. 406  
Miami, FL 33155

**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.)

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

**J. ALFREDO ARMAS**

Typed or printed name of signer

**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)

H12000004324



January 6, 2012

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

JOSE J. ARMAS  
4960 SW 72 AVENUE  
SUITE 406  
MIAMI, FL 33155

SUBJECT: AF REAL ESTATE, LLC  
REF: W12000000940

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L09000081404,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick  
Regulatory Specialist II

FAX Aud. #: H12000004324  
Letter Number: 312A00000347

P.O BOX 6327 - Tallahassee, Florida 32314