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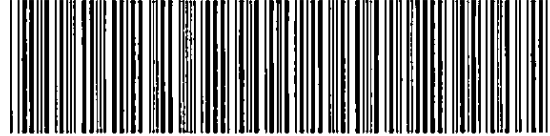
(Business Entity Name)

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**DATE: 12/11/19**

**NAME: SERVICIOS LAVEGLIA CA, LLC**

**TYPE OF FILING: ARTICLES**

**COST: 125.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: SERVICIOS LAVEGLIA CA, 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:

TONY JOSE LAVEGLIA-FERRO

\_\_\_\_\_  
Name of Person

SERVICIOS LAVEGLIA CA, LLC

\_\_\_\_\_  
Firm/Company

16120 NW 127 AVE

\_\_\_\_\_  
Address

HIALEAH, FL 33016

\_\_\_\_\_  
City/State and Zip Code

tonylaveglia2@gmail.com

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

For further information concerning this matter, please call:

TONY JOSE LAVEGLIA-FERRO	786	403-5863
_____ Name of Person	_____ Area Code	_____ Daytime Telephone Number



**Mailing Address**

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

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SERVICIOS LAVEGLIA CA, 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:

16120 NW 127 AVE  
HIALEAH, FL 33016

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:

C & J ACCOUNTING AND TAX SERVICES, INC.

Name

1412 SW 147th AVE

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

PEMBROKE PINES      FL      33027

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)

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**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

**Name and Address:**

TONY JOSE LAVEGLIA-FERRO

16120 NW 127 AVE

HIALEAH, FL 33016

AMBR

GIAN FRANCO LAVEGLIA-FERRO

16120 NW 127 AVE

HIALEAH, FL 33016

(Use attachment if necessary)

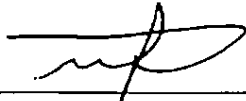
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

Tony J Laveglia-Ferro

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FL

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