

L20000344 883

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 fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000389595 3)))



H200003895953ABC8

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

FILED
2020 NOV 10 AM 9:58
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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.
GEVAUTO, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2020 NOV 10 PM 2:17
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NOV 12 2020

T. SCOTT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GEVAUTO, 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:

2644 SW 28th LANE

SAME

MIAMI, FL 33133

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:

MANUEL I. VILLACIS

Name

2644 SW 28th LN

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

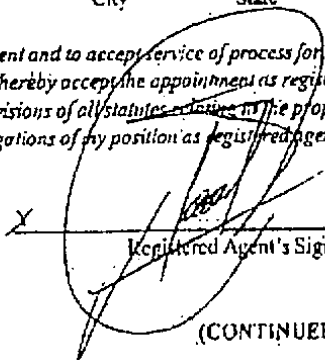
MIAMI, FL 33133

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 by Chapter 605, F.S.

X 

Registered Agent's Signature (REQUIRED)
(CONTINUED)

FILED
2020 NOV 10 AM 9:58
STATE
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

Name and Address:

AMBR

MANUEL I. VILLACIS
2644 SW 28th LN
MIAMI, FL 33133

AMBR

JUAN P. VILLACIS SARASTI
2644 SW 28th LN
MIAMI, FL 33133

AMBR

ANDRES S. VILLACIS SARASTI
2644 SW 28th LANE
MIAMI, FL 33133

AMBR

DIEGO I. VILLACIS SARASTI
2644 SW 28th LANE
MIAMI, FL 33133

(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:

X
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.

MANUEL I VILLACIS

Typed or printed name of signer