

L21000475195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

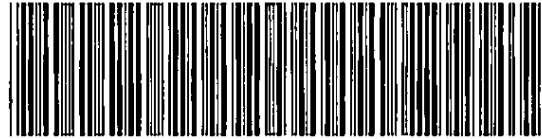
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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W21-125437

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2021

MICHAEL SANCHEZ GARZON
633 EXECUTIVE CENTER DRIVE #L 204
WEST PALM BEACH, FL 33401

SUBJECT: AUTO BROTHERS LLC
Ref. Number: W21000125437

2021 SEP 31 11:09:14

We have received your document for AUTO BROTHERS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 321A00022436

2021 SEP 16 11:08:33

COVER LETTER

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

SUBJECT: AUTO BROTHERS 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:

MICHAEL SANCHEZ GARZON

Name of Person

Firm/Company
1670 AVENUE H W

Address
RIVIERA BEACH FLORIDA 33404

City/State and Zip Code
AUTOBROTHERSANCHEZ@GMAIL.COM

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

For further information concerning this matter, please call:

MICHAEL SANCHEZ GARZON 347 355 52 87

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:

AUTO BROTHERS 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:

1670 AVENUE H W
RIVIERA BEACH FL
33404

633 EXECUTIVE CENTER DRIVE
WEST PALM BEACH
33401

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:

MICHAEL SANCHEZ GARZON

Name

1670 AVENUE H W

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

<u>RIVIERA</u>	<u>FLORIDA</u>	<u>33404</u>
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..

Michael Sanchez G

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 SEP 31 PM 9:14

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

CARLOS ANDRES SANCHEZ
633 EXECUTIVE CENTER DRIVE
WEST PALM BEACH 33401 FL

AMBR

DIANA LOZANO CARDONA
1670 AVENUE H W
RIVIERA BEACH FL 33404 FL

AMBR

LUZ ANGELA MEDINA
633 EXECUTIVE CENTER DRIVE
WEST PALM BEACH 33401 FL

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09/28/2021 (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:

Michael Sanchez G.

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.

MICHAEL SANCHEZ GARZON

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)

2021 SEP 31 PM 9:14