Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Email Address:

FLORIDA LIMITED LIABILITY CO.
ENOS AVENUE LLC

Certificate of Status	0		
Certified Copy	1		
Page Count	03		
Estimated Charge	\$155.00		

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Electronic Filing Menu

Corporate Filing Menu

Help

Го: -	- Page: 3 of 4	2022-11-22 18:25:45	5 GMT	13053284774	From: Yanet Av
.;	L.	w ,			
	ARTICLESOFO	RGANIZATION FOR FLORIDA	LIMITED LIABILITY COMP.	ANY	
	ARTICLE I - Name: The name of the Limited Liability C	Company is:			·
	ENOS AVENUE LLC (Must contain	the words "Limited Liability C	Company, "L.L.C.," or "LLC.	")	
	ARTICLE II - Address: The mailing address and street address	ess of the principal office of th	e Limited Liabiliry Company	· is:	
	Principal (Office Address:	Mailing	Address:	
`	144 ENOS AVE LAKE PLACID, FL 338	352	14624 SW 127TH CT MIAMI, FL 33186		
``.					
* *. * .	ARTICLE III - Registered Agent, (The Limited Liability Company car another business entity with an acti	nnot serve as its own Registere		an individual or	
	The name and the Florida street add	ress of the registered agent are	en de la seconda		
		DACACI I DAMIDET			

Name

14624 SW 127TH CT

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

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 um familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

/s/ Rafael L. Raminez
Registered Agent's Signature (REQUIRED)

(CONTINUED)

				
٠.	ARTICLE IV- The name and address of each person author	. rized to manage and control the Limited Liability Co	тралу:	
· . · · . · . · . · . · . · . · . · . ·	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
	AMBR	RAFAEL L. RAMIREZ 14624 SW 1271H CT MIAMI. FL 33186		
	AMBR	DALILA Y. LOPEZ 14624 SW 127TH CT MIAML FL 33186		
(t	he date of filing.)	fic and cannot be more than five business days prious the applicable statutory filing requirements, this da	r to or 90 d	• .
- -	REQUIRED SIGNATURE:			
	/s/ Rafe	asl L. Raminez	:	22
	This document is executed I am aware that any false in	ber or an authorized typesentative of a member, in accordance with section 605.0203 (1) (b), Florida formation submitted in a document to the Department lony as provided for in s.817.155, F.S.	Statutes.	
	<u>RAFAEL L. RAMII</u>	REZ	-	٠. :
	1	Typed or printed name of signee	-	155
	\$125.00 Filing Fee for Articles of Organ \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	Filing Fees: nization and Designation of Registered Agent	· ;-	Si Si

2022-11-22 18:25:45 GMT

To:

Page; 4 of 4

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From: Yanet Avila