

L23000234504

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.

((H23000176620 3)))



H230001766203ABC

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 : DAX NELSON, P.A.
 Account Number : I20190000051
 Phone : (813)739-6695
 Fax Number : (813)739-6696

RECEIVED
 SECRETARY OF STATE
 TALLAHASSEE, FL
 2023 MAY 11 PM 2:36
 FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: christinamkovacs@gmail.com

RECEIVED
 2023 MAY 11 PM 4:36
 CORPORATION
 TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO.
Allwood Avenue, LLC

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

((H23000176620 3))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Allwood Avenue, 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:

4615 Ridgewood Estates Avenue
Valrico, FL 33596

4615 Ridgewood Estates Avenue
Valrico, FL 33596

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:

Dax Nelson, P.A.

Name

2309 S. MacDill Avenue, Suite 102

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

Tampa

FL

33629

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 heroby 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)

2023 MAY 11 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FL
FILED

((H23000176620 3))

(((H23000176620 3)))

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager MGR	Christina Kovacs 4615 Ridgewood Estates Avenue Valrico, FL 33596
MGR	Rogel Prieto 4615 Ridgewood Estates Avenue Valrico, FL 33596
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

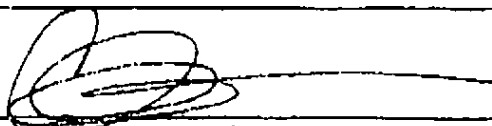
ARTICLE V: Effective date, if other than the date of filing: May 11, 2023 (OPTIONAL)

(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.

Christina Kovacs
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)

SECRETARY OF STATE
TALLAHASSEE, FL
2023 MAY 11 PM 2:36
FILED

(((H23000176620 3)))