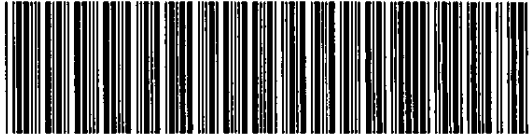


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400293561994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

12/27/16--01028--005 **25.00

11/23/16--60023--024 **76.58

02/03/17--01014--012 **26.25

Special Instructions to Filing Officer:
has LLC ending

Office Use Only

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TALLAHASSEE, FLORIDA

FEB 02 2017

D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AVILA SERVICES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES GONZALEZ

Name of Person

AT PLUS CORP

Firm/Company

3650 NW 82ND AVE SUITE 404

Address

DORAL, FL 33166

City/State and Zip Code

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

For further information concerning this matter, please call:

JAMES GONZALEZ

Name of Person

at (305)

Area Code

4063800

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AVILA SERVICES 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:

JAMES GONZALEZ

Name of Person

AT PLUS CORP

Firm/Company

3650 NW 82ND AVE SUITE 404

Address

DORAL, FL 33166

City/State and Zip Code

ATPLUS@LIVE.COM

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

For further information concerning this matter, please call:

JAMES GONZALEZ 305 4063800

Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



S/B LLC
Sending in correct
form & add'l
fee
==

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 30, 2016

JAMES GONZALEZ
AT PLUS CORP
3650 NW 82ND AVE., SUITE 404
DORAL, FL 33166

SUBJECT: AVILA SERVICES LLC
Ref. Number: P16000093365

We have received your document for AVILA SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Back on November 21st you filed Articles of Incorporation electronically with our office for a Florida Corporation. This was filed incorrectly by our office. The name indicates that this is a limited liability company. So I need to know did you mean to file a corporation or a limited liability company. If you meant to file a limited liability company you filed the wrong entity type and we would need for you to complete the proper form and we would need an additional fee. If you meant to file it as a corporation we will need to you to change corporate ending. You will need to use Inc., Incorporated, Co., Company, Corp. or Corporation. Just let me know which one you want to change it to and I can do that on my end

. If it is to be a limited liability company you will need to complete the attached form.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 016A00027738

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AVILA SERVICES LLC

(Must end with 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:

4874 NW 107TH PATH
DORAL, FL 33178

4874 NW 107TH PATH
DORAL, FL 33178

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 another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

LUIS AMUNDARAIN

Name

4874 NW 107TH PATH

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

DORAL

FL

33178

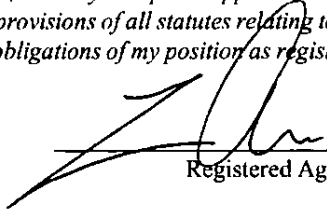
City

State

Zip

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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)

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:

LUIS AMUNDARAIN

4874 NW 107TH PATH

DORAL, FL 33178

(Use attachment if necessary)

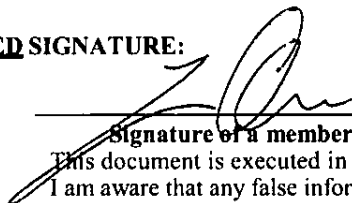
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

LUIS AMUNDARAIN

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)

17 JAN -3 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED