10/13/2020

Division of Corporations

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.

(((H20000357168 3)))



H260003571683ABC%

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 : ISAMAR TÖRRES Account Number : 120200000137 Phone : (786)660-0108 Fax Number : (305)503-7123

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

FLORIDA LIMITED LIABILITY CO. AIR MASTERS OF HOMESTEAD LLC:

THE RELEASE STREET, AND ADDRESS OF THE PARTY	NAME AND POST OF THE PARTY OF T
Certificate of Status	0
Certified Copy	0.
Page Count	. 01
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

FAX COVER SHEET

TO	DIVISION OF CORPORATION	
COMPANY	DIVISION OF CORPORATIONS	
FAXNUMBER	18506176381	
FROM	Jacqueline Jaime	
DATE	2020-10-13 23:05:25 GMT	
RE	AIR MASTERS OF HOMESTEAD LLC	

COVER MESSAGE

PLEASE FIND ATTACHED THE CORRECTED FILING FEE COVERSHEET

"AMBR" = Authorized Member "MGR" = Manager MGR RAFAEL SANTAMARIA 1974 SE 23RD ST 11OMESTEAD FL 33035 (OPTIONAL) In effective date, if other than the date of filing: 10 - 15 - 2020 (OPTIONAL) In effective date is listed, the date must be specific and cannot be more than five business days prior to or 91 date of filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records. If CLE VI: Other provisions, if any. REQUIRED SIGNATURE: REAFAEL SANTAMARIA Typed or printed name of signee Filing Fees:	Title:	Name and Address:
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\$ 30.00 Certified Copy (Optional)
 \$ 5.00 Certificate of Status (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	F HOMESTEAD LLC			
(Must co	ntain the words "Limited L	iability Company, "L.I	L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal of	fice of the Limited Lia	bility Company is:	
Princ	ipal Office Address:		Mailing Address:	
1974 SE 23RD ST		1974 SE	E 23RD ST	
110140000 + D F1	HOMESTEAD FL 33035		000 + D Et 22026	
HOMESTEAD FL	. 33035	HOME	STEAD FL 33035	
RTICLE III - Registered A	gent, Registered Office, á	Registered Agent's	Signature:	ualor
RTICLE III - Registered A The Limited Liability Compa nother business entity with a	gent, Registered Office, & ny cannot serve as its own l n active Florida registration et address of the registered	& Registered Agent's Registered Agent. You n.) agent are:	Signature:	ual or
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ARTICLE III - Registered A The Limited Liability Compa another business entity with a The name and the Florida stree	gent, Registered Office, & ny cannot serve as its own In active Florida registration et address of the registered RAFAEL SANTAMA 1974 SE 23RD ST	Registered Agent's Registered Agent. You agent are: ARIA Name	Signature: i must designate an individ	ual or

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..

Rafase Santamaria
Registered Agent's Signature (REQUIRED)

(CONTINUED)

COVER LETTER

	Filing Secti sion of Corp				
SUBJECT.	AIR MASTI	ERS OF HOMESTEAL	D LLC		
3000000	i	Name of I	imited Liabili	ity Company	A COLUMN TO THE PARTY OF THE PA
The enclosed	Articles of É	Organization and fec(s)	are submitted	for filing.	
Please return	all correspon	dence concerning this	matter to the f	idlowing;	
H	i RAFAEL SAI	NTAMARIA			
_			Name of	Person	
,	MR MASTĘI	RS OF HOMESTEAD	LLC		
_	:		Firm/Co		
I	974 SE 23RI	OST			
_			Addr	ess	
1	IOMESTEA	D Ft ₄ , 33035			
OII	iestopsolutio	ısfl@gmaij.com	City/State an	•	
	E-	mail address; (to be us	ed for future a	unual report notification	on)
For Suither info	ormation con	cerning this matter, ple	ase call:		
J,	vconeriki	E JAIME	786	234-5250	
1	Name			Dayting Telephone	Number
Enclosed is a	check for the	: following amount:			
₩\$125.00 F	iling Fee	☐\$130.00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fil Divisiĝi P.O. Bo	Address ing Section t of Corporations to 6327 ssec, FL 32314		Street Address New Filing Section Dr The Centre of Tallaha 2415 N. Monroe Stree Tallahassec, FL 32301	ssee a. Suite 810

Title:			•	Name and Address:	· . [•		
	Authorized M	ember.					
" MGR " = N						. :	
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MGR				RAFAEL SANTAMARIA : 1974 SE 23RD ST		,	
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Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Lia	ability Company is:			
AIR MASTERS	OF HOMESTEAD LLC			
(Must	contain the words "Limited I	Liability Company, "L.	L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	eet address of the principal o	ffice of the Limited Lia	bility Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Address	:
1974 SE 23RD S	ST	1974 SE	E 23RD ST	
			1974 SE 23RD ST HOMESTEAD FL 33035	
	Agent, Registered Office,	& Registered Agent's	Signature:	
ARTICLE III - Registered (The Limited Liability Com another business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered	& Registered Agent's Registered Agent. You π.)	Signature:	dualor
ARTICLE III - Registered (The Limited Liability Com another business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registratio	& Registered Agent's Registered Agent. You n.) I agent are:	Signature:	dual or
ARTICLE III - Registered (The Limited Liability Com another business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered	& Registered Agent's Registered Agent. You π.)	Signature:	dual or
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ARTICLE III - Registered (The Limited Liability Com another business entity with	I Agent, Registered Office, pany cannot serve as its own an active Florida registratio reet address of the registered RAFAEL SANTAM	& Registered Agent's Registered Agent. You n.) I agent are:	Signature: i must designate an indivi	dualor
ARTICLE III - Registered (The Limited Liability Com another business entity with	I Agent, Registered Office, pany cannot serve as its own an active Florida registratio reet address of the registered RAFAEL SANTAM	& Registered Agent's Registered Agent. You n.) I agent are: ARIA Name	Signature: i must designate an indivi	dual or

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)

			COVERLET	TER		
	ew Filing Sect ivision of Corp					
CHD IECT	AIR MAST	ERS OF HOMESTE	AD LLÇ	•		
SUDJEC, I		Name o	f Limited Liabi	hity Company		
The enclos	ed Articles of (Organization and fee(s) are submitte	d for filing.		
Please retu	rn all correspo	ndence concerning th	is matter to the	following:		
	RAFAEL SA	NTAMARIA				
			Name o	f Person		
	AIR MASTE	RS OF HOMESTEA	AD LLC			
			Firm/C	ompany .		
	1974 SE 23R	D ST				4
	×.		Add	lress		
	HOMESTEA	AD FL. 33035		;	•	
		·····	City/State a	nd Zip Code		
		msl@gmail.com			The state of the s	
	F	E-mail address: (to be	used for future	annual report notificat	ion)	
For further i	nformation car	ncerning this matter, p	olease call:			
	JACQUELIN	E JAIME	786 at (234-5250		
	Name	e of Person	Aren Code	Daytime Telephor	ne Number	
Enclosed i	s a check for it	ne following amount:		,;		
愛\$ 125.00) Filing Fee	□S130.00 Filing F Certificate of State	ıs Certi	55.00 Filing Fee & field Copy (2015) and copy is enclosed)	☐\$160,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclose	d}

Mailing Address
New filing Section
Division of Corporations P.O. Box 6327

Tallahassee, FL 3231-L

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303