

L20000346449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

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MAIL

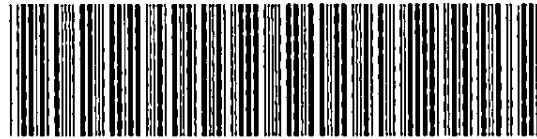
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

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CLERK OF COURT  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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NOV 13 2020

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**WALK IN**

**PICK UP:** 11/12/2020

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- xx** **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- xx** **FILING** LLC \_\_\_\_\_

1. **AVEX BROOKSHIRE LLC**  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Articles of Organization  
Avex Brookshire LLC**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I -Name:**

The name of the Limited Liability Company is:

Avex Brookshire LLC

**ARTICLE II -Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

c/o Avex Homes LLC  
28 E Washington St.  
Orlando, FL 32801

**ARTICLE III -Registered Agent and Registered Office:**

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

Travis Rentz  
222 W Comstock Ave, Ste. 101  
Winter Park, FL 32789

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.

By:   
Name: Travis Rentz

**ARTICLE IV – Managers:**

The Limited Liability Company is Manager-Managed. The name and address of each person authorized to manage and control the Limited Liability Company are:

<u>Title</u>	<u>Name and Address</u>
Manager	Eric Marks 28 E Washington St. Orlando, FL 32801

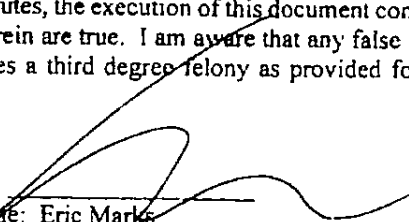
<u>Title</u>	<u>Name and Address:</u>
Manger	Beat M. Kahli 3680 Avalon Park East Blvd., Ste. 300 Orlando, FL 32828

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SECRETARY OF STATE  
TALLAHASSEE, FL

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IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledge them to be my act this 10<sup>th</sup> day of November, 2020. In accordance with Section 605.0203(1)(b) and Section 605.0205(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, Florida Statutes.

By:   
Name: Eric Marks  
Title: Manager

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