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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Audav, 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:

Luis R. Figueredo

(Name of Person)

Nagin Gallop Figueredo, P.A.

(Firm/Company)

3225 Aviation Avenue, Suite 301

(Address)

Miami, Florida 33133

(City/State and Zip Code)

For further information concerning this matter, please call:

Luis R. Figueredo

(Name of Person)

at (305) 854-5353

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

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NAGIN GALLOP FIGUEREDO^{BA.}

Attorneys & Counselors

Telephone: (305) 854-5353

3225 Aviation Avenue - Third Floor
Miami, Florida 33133-4741

Facsimile: (305) 854-5351

October 9, 2003

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

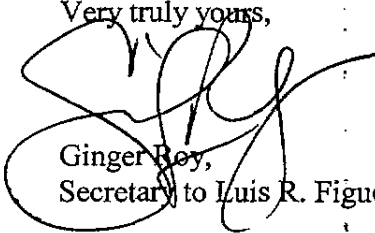
Re: Articles of Organization for Florida Limited Liability Company for Audav, LLC.

To Whom It May Concern:

I enclose an original executed Articles of Organization for Audav, LLC. I also enclose check payable to Florida Department of State in the amount of \$160.00 which represents the fee for filing the articles, designation of registered agent, certified copy and certificate of status.

Thank you.

Very truly yours,


Ginger Rey,
Secretary to Luis R. Figueredo

GR/

Enclosures

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Audav, LLC.

ARTICLE II - Address:

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

Principal Office Address:

3630 N.W. 17th Street

Miami, Florida 33125

Mailing Address:

Same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Luis R. Figueredo

Name

3225 Aviation Avenue, Suite 301

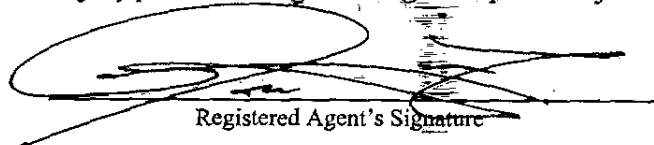
Florida street address (P.O. Box **NOT** acceptable)

Miami, Florida 33133

FL

City, State, and 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 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 608, F.S..



Registered Agent's Signature

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(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

<u>MGR</u>	<u>David Boloix</u>
	<u>3630 N.W. 17th Street</u>
	<u>Miami, Florida 33125</u>

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

David Boloix

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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