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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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10/23 FL LC

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TALLAHASSEE

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Avant Towers LC
(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:

VIRGINIA DOMINGUEZ
(Name of Person)

(Firm/Company)

610 West Dilido Drive
(Address)

Miami Beach Florida 33139
(City/State and Zip Code)

For further information concerning this matter, please call:

VIRGINIA DOMINGUEZ at 305 534-3880 (3PM → 7PM)
(Name of Person) (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

For your information

Name: Avant Towers, LC

address

P.O. Box 190924
Miami Beach, FL
33119-0924

Virginia Dominguez and
Jose Dominguez, they both
resides at

610 West Dilido Drive
Miami Beach, FL 33139

If there is something wrong in
the application, please, do not send
it back. Call me at 305-534-3880
from 3 P.M. → 7 P.M., or leave a
message on my tape recorder, and
I will call you back.

Thank you

Virginia Dominguez

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CLERK OF STATE
TALLAHASSEE FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Avant Towers, LC

ARTICLE II - Address:

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

P.O. Box 190924
Miami Beach, FL
33119-0924

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

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

Virginia Dominguez
Name
610 West Dilido Drive
Florida street address (P.O. Box NOT acceptable)
Miami Beach FL 33139
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..

Virginia Dominguez
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Jose Dominguez
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.)

Jose Dominguez

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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