

W05000002696

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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.

(((H05000006727 3)))

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)205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

LIMITED LIABILITY COMPANY

CVN GROUP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

Public Access Help

RECEIVED

05 JAN 11 AM 8:17

DIVISION OF CORPORATION

FILED

2005 JAN 10 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W05-2696
JL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

CVN Group, LLC

ARTICLE II - Address the mailing address and street address of the principal office of the Limited Liability company is:

**11315 SW 32 Street
Miami, FL 33165**

ARTICLE III - Registered Agent, Registered office & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

**Selvin Paz
Name
11315 SW 32 Street
Florida, address (P.O.Box no acceptable)
Miami, FL 33165
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

ARTICLE IV - Management (Check box if applicable)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager, managed company.

**Selvin Paz Nelly Paz
11315 SW 32 St 11315 SW 32 St
Miami, FL 33165 Miami, FL 33165**

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



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)

Selvin Paz

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 JAN 10 AM 8:55

FILED