

LD6000070771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

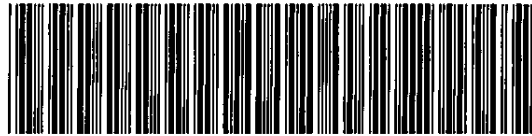
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700077469397

07/14/06--01053--009 **160.00

EFFECTIVE DATE

7-10-06

FILED

06 JUL 14 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Olligan JUL 17 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AivinCards 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:

Dave Allen
(Name of Person)

AivinCards LLC
(Firm/Company)

12712 W Sunrise Blvd, Suite 311
(Address)

Sunrise, FL 33323
(City/State and Zip Code)

For further information concerning this matter, please call:

Dave Allen at (954) 263-4449
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

EFFECTIVE DATE

7/10/06

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AivinCards LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

12712 W Sunrise Blvd Suite 311

Sunrise, FL 33323

Mailing Address:

12712 W Sunrise Blvd Suite 311

Sunrise, FL 33323-0902

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Dave Allen

Name

5916 NW 15th St

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

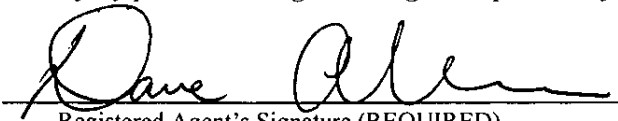
Sunrise

FL 33313

City, State, and Zip

FILED
06 JUL 14 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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:

MGRM

Dave Allen
5916 NW 15th St
Sunrise, FL 33313

MGRM

Carl Morgan
1630 E Sandpiper Cir
Pembroke Pines, FL 33026

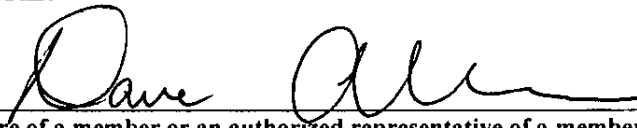
MGRM

Kevin Mapp
4959 SW 165th Ave
Miramar, FL 33027

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7/10/06. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Dave Allen

Typed or printed name of signee

FILED
06 JUL 14 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)