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DEFARTMENT OF STATE CORPORATIONS OF ACKNOWN EDGE

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TO ACKNOWN EDGE

SUFFICIENCY WE EDGE

LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973		10 P
	Office Use Only	PH 1:39
CORPORATION NAME(S) & DOCUMENT	Г NUMBER(S), (if known):	Br.
IPVESTORM SHUT	TERS, LLC	,
(Corporation Name)	(Document #)	
2.		
(Corporation Name)	(Document #)	
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Corporation Name)	(Document #)	
4. (Corporation Name)	(Document #)	
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Walk in Pick up time		
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NEW FILINGS A	RAENIDAAENITO	
	MENDMENTS	
Profit Not for Profit	Amendment Resignation of R.A., Officer/Director	
Limited Liability	Change of Registered Agent	
Domestication C	Dissolution/Withdrawal	
C Other	Merger	
OTHER FILINGS R	EGISTRATION/QUALIFICATION	
Annual Report	Foreign	
☐ Fictitious Name	Limited Partnership	
·	Reinstatement Trademark	
	Other	

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: AVE STORM SHUTTE
FSC 01
(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: Mailing Address:
10750 NW 66 ST 10750 NW 66 ST.
DORAL FL. 33178 BORAL FL 33178
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:
10750 NW 66 ST 203 And.
10750 NW 66 ST. 203 Apt. Florida street address (P.O. Box NOT acceptable)
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.
Muno Mario Dola
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	
MGR MA MARIA SO 115 110750 NW 68 ST ZOSAPT.	
MORM TONY GULJARDO 11447 NW 77 LN. MIAMI EL 33178	
(Use attachment if necessary)	•
ARTICLE V: Effective date, if other than the date of filing:	01*
Signature of a nlember 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.) Typed or printed name of signee	
Filing Fees:	

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