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(Requestor's Name)
(Address)
(Address)
. *
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co			
_{SUBJECT:} Frience	lly Affordable Servi	ice, LLC	
SUBJECT:		ed Liability Company)	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	pondence concerning this matt	ter to the following:	
Julio Dova	al		
		(Name of Person)	
Friendly A	Affordable Service		
		(Firm/Company)	
1331 NW	122 Ave		
		(Address)	
Pembroke	e Pines, Florida 33	026	
	(Cit	y/State and Zip Code)	
For further information	concerning this matter, please	e calt:	
Julio Doval		at (305) 725-6534	•
(Name	e of Person)	(Area Code & Daytime Telephone Number)	_
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Certificate of S Certified Copy (additional copy is	Status &
	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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liabil	ity Company is:
Principal Office Address:	Mailing Address:	
331 NW 122 Ave Pembroke Pines, FL 33026	1331 NW 122 Ave Pembroke Pines, FL 33026	
The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Julio Doval		or another
Nai Dovai	me	_
1331 NW 122 Ave	!	OB M
	address (P.O. Box NOT acceptable)	MAR 3
Pembroke Pines,	_{FL} 33026	31 ARY SSE
City. Stat	te, and Zip	T9 2
Having been named as registered agent and liability company at the place designated i registered agent and agree to act in this capa	in this certificate, I hereby accept the ap	provisions of all

(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:	Name and Address:	
"MGR" = Mana "MGRM" = Mai		
MGRM	Julio Doval	
	1331 NW 122 Ave	
	Pembroke, Pines FL 33026	
MGR	Randell Ramos	
	2551 w 71 Pi	
	Hialeah, FL 33016	
		
(I I	6	
(Use attachment	r necessary)	
RTICLE V: Effective	ate, if other than the date of filing: (OPTIONAL)	
	ed, the date must be specific and cannot be more than five business days p	
o or 90 days after the d		
•		
<u>REQUIRED</u> SI	NATURE:	
	ALE BE	THE
	Signature of a member or an authorized representative of a member.	والتناسي
	// Στ ω	THE REAL PROPERTY.
	of this dealers are attention on the same and a standards and the same of the	Carally .
	that the facts stated herein are true.)	808
	Julio Dolal Fis =	
	Typed or printed name of signee	

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)