

L110 00054653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

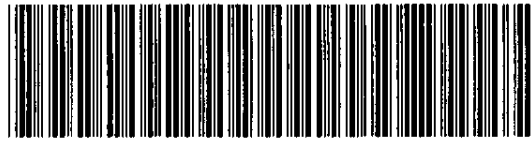
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EFFECTIVE DATE 5/1/11



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11 MAY - 6 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAY 09 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AWONIYI HOLDINGS, 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:

SYLVANUS & SHERI AWONIYI

Name of Person

Firm/Company

102 NE 33RD TERRACE

Address

HOMESTEAD FL 33033

City/State and Zip Code

SHERISALAU@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SYLVANUS AWONIYI

Name of Person

at (**813**) **892-2846**

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

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AWONIYI HOLDINGS, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

102 NE 33RD TERRACE
HOMESTEAD, FL 33033

102 NE 33RD TERRACE
HOMESTEAD, FL 33033

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:

SHERI AWONIYI

Name

102 NE 33RD TERRACE

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

HOMESTEAD FL 33033

City, State, and Zip

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CLERK 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.

Sheri Awoniyi

Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 5/1/11

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:

| | |
|-----|---------------------|
| MGR | SYLVANUS AWONIYI |
| | 102 NE 33RD TERRACE |
| | HOMESTEAD, FL 33033 |
| MGR | SHERI AWONIYI |
| | 102 NE 33RD TERRACE |
| | HOMESTEAD, FL 33033 |
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| | |

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MAY 15TH, 2011. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

SHERI AWONIYI

Typed or printed name of signee

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 11 MAY -6 PM 4:06
FILED

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)