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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MONAHAN MIJARES CPA PA
Account Number : I20050000157
Phone : (305) 407-1438
Fax Number : (305) 397-1003

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
AZON, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

APR 30 2013

A. LUNT

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Corporate Filing Menu

Help

(850) 245-6051.

COVER LETTERTO: **Registration Section**
Division of CorporationsSUBJECT: **AZON, 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:

Roark R. Monahan

Name of Person

Monahan-Mijares CPA, PA

Firm/Company

2519 Galiano Street, Suite 703

Address

Coral Gables, FL 33134

City/State and Zip Code

elismor.ramos@mma.com.ve

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

For further information concerning this matter, please call:

Roark R. Monahan

Name of Person

at **(305) 407-1440**

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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AZON, LLC.

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

ARTICLE II - Address:

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

Principal Office Address:

2519 Galiano Street, Suite 703
Coral Gables, FL 33134

Mailing Address:

2519 Galiano Street, Suite 703
Coral Gables, FL 33134

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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:

Roark R. Monahan, CPA.

Name

2519 Galiano Street, Suite 703

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

Coral Gables, FL 33134

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 (REQUIRED)

(CONTINUED)

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

EDUARDO OSCAR GRAVINA CAVAGNARI
 2519 Galiano Street, Suite 703
 Coral Gables, FL 33134

MGR

SEBASTIAN S. GRAVINA OTERO
 2519 Galiano Street, Suite 703
 Coral Gables, FL 33134

MGR

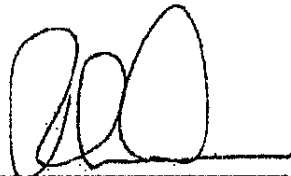
EDUARDO O. GRAVINA OTERO
 2519 Galiano Street, Suite 703
 Coral Gables, FL 33134

MGR

PABLO D. GRAVINA OTERO
 2519 Galiano Street, Suite 703
 Coral Gables, FL 33134

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Roark R Monahan

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)

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 ALABAMA

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