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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | <u> </u> |
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SECRETARY OF STATE FLORIDA

TALLAHASSEE, FLORIDA

K. SALY EXAMINER

· JUL 2 3 2013



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 25, 2013

MARK STEVEN BERTA A1A ENTERPRISES P.O. BOX 1307 TAVERNIER, FL 33070

SUBJECT: A 1 A ENTERPRISES LLC

Ref. Number: W13000036662

We have received your document for A 1 A ENTERPRISES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P03000056124 "A-1-A ENTERPRISES, INC.".

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly Regulatory Specialist II

Letter Number: 413A00015926

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: A IA ENTESPEISES 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: |
| MARK Steven BeRTA Name of Person |
| Name of Person |
| AIA ENTOPISES LLC |
| T with company |
| 310 MUS Ereek RS |
| Address |
| Alto GA 305/O City/State and Zip Code |
| |
| D Avimal 147 at Yattoo. com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| MARK BIRTA at (305) 896-7227 Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □\$125.00 Filing Fee U\$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| 2013 |
|--|
| AIA STATES 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: |
| 218 Pueblo ST 310 mus creeke Rd Taveau: ea. Fl A170 GA 33070 30510 |
| 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: |
| MARK BERTA |
| 218 Pueblo ST |
| Florida street address (P.O. Box NOT acceptable) |
| TAURNIER FL 33070 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 |
| Wal Bert |
| Registered Agent's Signature (REQUIRED) |

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|---|--|
| MGRM | MARK BERTA 218 Pueblo ST TAV. FI 33070 |
| | |
| | |
| (Use attachment if necessary) ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must prior to or 90 days after the date of filing.) | date of filing: MA 30 2013 MB. date of filing: MA 30 2013 MB. be specific and cannot be more than five business days |

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.)

Tuned 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)