

L13000137226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500251784065

09/27/13--01003--008 \*\*125.00

RECEIVED  
DEPARTMENT OF STATE  
13 SEP 27 AM 11:12

FILED  
2013 SEP 27 PM 9:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Charter Number Only

V  
A  
L  
I  
D  
A  
T  
I  
O  
N  
  
O  
N  
L  
Y

September 26 2013

Melnick, Lilienfeld & Castonguay

Requestor's Name

2670 NE 215<sup>th</sup> St

Address

Miami FL 33180

City

State

ZIP

Phone

CORPORATION(S) NAME

EZ TOOLS USA, LLC

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger                      |
| <input type="checkbox"/> NonProfit           |  |  |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark                        |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report   | <input checked="" type="checkbox"/> Other <u>LLC</u> |
| <input type="checkbox"/> Reinstatement       | <input type="checkbox"/> Reservation     | <input type="checkbox"/> Change of Registered Agent  |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photo Copies    | <input type="checkbox"/> Certificate Under Seal      |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30                  |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait       | <input checked="" type="checkbox"/> Pick Up          |
|  |  | <input type="checkbox"/> Mail Out                    |

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier



Empire Toll Free: 1-800-432-3028

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

EZ TOOLS USA, 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:

18810 NW 57th Avenue, #308  
MIAMI LAKES, FL  
33015

### Mailing Address:

SAME

## 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:

Denis Mogulyan  
Name

18810 NW 57th Avenue, #308  
Florida street address (P.O. Box NOT acceptable)

MIAMI LAKES FL 33015  
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.*

✓ D. Mogulyan  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2013 SEP 27 PM 9:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

MGRM

Denís Moquilyan  
19810 NW 57th Avenue, # 308.  
Miami Lakes, FL 33015

(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:**

✓ D. Moquilyan

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.)

Denís Moquilyan

Typed or printed name of signer

**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)

FILED  
2013 SEP 27 PM 9:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA