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

From: Account Name : GEOFFREY M. WAYNE, P.A.
Account Number : 076770003401
Phone : (305) 381-8108
Fax Number : (305) 381-8109

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

Email Address: ME@ABOGADO MIAMI.COM

**FLORIDA LIMITED LIABILITY CO.
AVALLON TECHNOLOGY LLC**

Certificate of Status	0
Certified Copy	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is: **AVALLON TECHNOLOGY LLC**

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 5179 NW 74 Ave., Miami, FL 33166

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Geoffrey M. Wayne, Esq.
135 San Lorenzo Ave.,
PH 840
Coral Gables, Florida 33146-1513

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 605, F.S.

Geoffrey M. Wayne
Registered Agent's Signature

ARTICLE IV - Management

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
AMBR

Name and Address:
Wilson Duarte Junior
5179 NW 74 Ave.,
Miami, FL 33166

ARTICLE V - Effective date, if other than the date of filing: _____

ARTICLE IV - Other Provisions, if any.

Geoffrey M. Wayne, Authorized Representative
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Geoffrey M. Wayne
Typed or printed name of signer

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

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