

L15000151172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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~~L15-56223~~

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2015 SEP -9 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

~~L15-114797~~  
~~199-2544, 2916, 671~~

SEP 10 2015

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BID "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:

ALBERT ASH  
Name of Person

BID "LLC"  
Firm/Company

13690 S.W. 142 AVE Suite #33  
Address

MIAMI, FL. 33186  
City/State and Zip Code

ALBERTASH49@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBERT ASH at (786) 317-1111  
Name of Person 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 24, 2015

ALBERT ASH  
13690 SW 142 AVE, STE 33  
MIAMI, FL 33186

SUBJECT: BID "LLC."  
Ref. Number: W15000056223

We have received your document for BID "LLC." and your check(s) totaling \$130.00. 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 L15000114797.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Teresa Brown  
Regulatory Specialist II

Letter Number: 615A00017824

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BID U.S.A. "L.L.C."

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

13690 S.W. 142 AVE.  
# 33 MIAMI, FL.  
33186

Mailing Address:

13690 S.W. 142 AVE.  
# 33  
MIAMI, FL. 33186

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:

ALBERT ASH

Name

13690 S.W. 142 AVE.

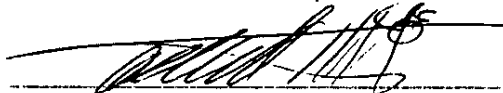
Florida street address (P.O. Box **NOT** acceptable)

Suite #33 Miami FL 33186

City

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 605, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

\_\_\_\_\_  
AMBR

\_\_\_\_\_  
MGR

\_\_\_\_\_  
ALBERT ASH

13690 S.W. 142 Ave.  
#33 MIA, FL. 33186

\_\_\_\_\_  
TONY KAVOUSSI

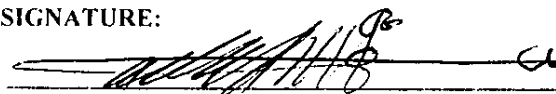
13690 S.W. 142 Ave.  
#33 MIA, FL. 33186

(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.)

ARTICLE VI: Other provisions, if any.

**REQUIRED SIGNATURE:**



**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.)

ALBERT ASH  
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)