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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

	legistration Section Division of Corporations			
SUBJECT	Aqvis Investments, LLC			
		Limited Liabilit	y Company	<del> </del>
The enclos	sed Articles of Organization and fee(s	are submitted	for filing.	
Please retu	urn all correspondence concerning this	s matter to the fo	ollowing:	
	Zorica Radulovic			
		Name of I	Person	
	Aqvis Investments, LLC			
		Firm/Con	npany	,
	7343 Harlie St			
		Addre	ss	
	Orlando, FL 32819			
	bokiradu@gmail.com	City/State and	Zip Code	
	E-mail address: (to be u	sed for future ar	nual report notificati	on)
For further i	information concerning this matter, pl	ease call:		
	Zorica Radulovic	407	739-2888	
	Name of Person	Area Code	Daytime Telephon	e Number
Enclosed i	s a check for the following amount:			
\$125.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status	Certifie	Filing Fee & Copy Copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	5	Street Address	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	,	(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")	产料	र्क
he mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  Mailing Address:  7343 Harlie St  P.O. Box 1361	RTICLE II - A	ddress:			55
Principal Office Address: Mailing Address: 7343 Harlie St P.O. Box 1361	ne mailing addr	ess and street address of the principal office	of the Limited Liability Company is:		<u>~</u>
7343 Harlie St P.O. Box 1361		Principal Office Address:	Mailing Address:	i. Ž	P
Orlando, FL 32819 Windermere, FL 34786	7343	Harlie St	P.O. Box 1361	70	5
Wildermore, 7.25 1766	Orlan	do, FL 32819	Windermere, FL 34786	35	0

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:

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Zorica Radulovic		
	Name	
7343 Harlie St		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Orlando	FL	<b>328</b> 19
City	State	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)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	Zorica Radulovic	
	7343 Harlie St.	
	Orlando, FL 32819	± 65 €
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(Use attachment if necessary)		····
LE V: Effective date, if other than the ffective date is listed, the date must be of filing.)	be date of filing: February 10, 2016 be specific and cannot be more than five business s not meet the applicable statutory filing requirement that of State's records.	s days prior to or 90 days
TLE V: Effective date, if other than the ffective date is listed, the date must be of filing.)  If the date inscrted in this block doe	be specific and cannot be more than five business s not meet the applicable statutory filing requirement	s days prior to or 90 days
TLE V: Effective date, if other than the ffective date is listed, the date must be of filing.)  If the date inscrted in this block does nument's effective date on the Departic VI: Other provisions, if any.	be specific and cannot be more than five business not meet the applicable statutory filing requirement that of State's records.	s days prior to or 90 days
LE V: Effective date, if other than the ffective date is listed, the date must cof filing.)  If the date inserted in this block does ument's effective date on the Departic VI: Other provisions, if any.	be specific and cannot be more than five business s not meet the applicable statutory filing requirement	s days prior to or 90 days

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)