

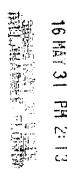
(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	· · · · · · · · · · · · · · · · · · ·
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800284977848

05/31/16--01018--015 **130.00



COVER LETTER

TO:

Registration Section

Div	ision of Corporations			
SUBJECT:	Avanzato Home LLC			
SCHOLCT.	Name of	Limited Liabili	ty Company	
The enclosed	d Articles of Organization and fee(s)) are submitted	for filing.	
Please return	all correspondence concerning this	matter to the f	ollowing:	
!	Marie Avanzato			
_		Name of	Person	
1	Avanzato Home			
-		Firm/Co	mpany	
3	3692 SW 24th Street			
_		Addr	ess	
Ĭ	Miami, FL 33145			
in	fo@avanzatohome.com	City/State and	d Zip Code	
_	E-mail address: (to be us	sed for future a	nnual report notification)	
For further inf	formation concerning this matter, ple	ease call:		
N	Aarie Avanzato at	305	774 1077	
_	Name of Person	Area Code	Daytime Telephone Nur	nber
Enclosed is a	a check for the following amount:			
\$125.00 Fili	ng Fee \$\int \frac{\$130.00 \text{ Filing Fee & Certificate of Status}}{\text{Certificate of Status}}	Certific	ed Copy Il copy is enclosed)	160.00 Filing Fee, Certificate of Status & Certified Copy ditional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circ	cle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Avanzato Home	e LLC			
	t end with the words "Limited l	Liability Company,	"L.L.C.," or "LLC.")	**-
ARTICLE II - Address: The mailing address and st	reet address of the principal of	fice of the Limited	Liability Company is:	
<u>Pr</u>	incipal Office Address:		Mailing Address	:
3692 SW 24th 3 Miami, FL 331		Same		
The Limited Liability Con	d Agent, Registered Office, & npany cannot serve as its own F th an active Florida registration	Registered Agent. Y		idual or
The name and the Florida s	street address of the registered a			
The name and the Florida s	Marie Avanzato	ngent are:		
The name and the Florida s	Marie Avanzato 3692 SW 24th Street	Namc		
The name and the Florida s	Marie Avanzato	Namc	ceptable)	
The name and the Florida s	Marie Avanzato 3692 SW 24th Street	Namc	ceptable)	
The name and the Florida s	Marie Avanzato 3692 SW 24th Street Florida street address	Namc	ceptable) Zip	

(CONTINUED)

Page 1 of 2

16 MAY 31 PM 2: 13

<u>Title:</u> "AMBR" = A "MGR" = Ma	Authorized Member anager	Name and Address:
		
		
CLE V: Effective		f filing: (OPTIONAL)
CLE V: Effective date is te of filing.) If the date inser	re date, if other than the date of listed, the date must be speci	ific and cannot be more than five business days prior to or 90 days of the applicable statutory filing requirements, this date will not be li
CLE V: Effective date is te of filing.) If the date inserpecument's effection	re date, if other than the date of listed, the date must be speci- ted in this block does not me ve date on the Department of	ific and cannot be more than five business days prior to or 90 days of the applicable statutory filing requirements, this date will not be li
CLE V: Effective date is te of filing.) If the date insercument's effection of the country of the current of t	re date, if other than the date of listed, the date must be speci- ted in this block does not me ve date on the Department of	ific and cannot be more than five business days prior to or 90 days of the applicable statutory filing requirements, this date will not be li
CLE V: Effective effective date is te of filing.) If the date inserpcument's effection of the comment's effective of the comment's effective of the comment of the comm	re date, if other than the date of listed, the date must be speciated in this block does not me ve date on the Department of rovisions, if any. SIGNATURE:	ific and cannot be more than five business days prior to or 90 days of the applicable statutory filing requirements, this date will not be listate's records.
CLE V: Effective effective date is te of filing.) If the date inserpcument's effection of the comment's effective of the comment's effective of the comment of the comm	re date, if other than the date of listed, the date must be specified in this block does not me ve date on the Department of rovisions, if any. SIGNATURE: Signature of a-mem This document is executed I am aware that any false in constitutes a third degree for listed.	et the applicable statutory filing requirements, this date will not be life State's records. State's records. Define an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.
CLE V: Effective effective date is te of filing.) If the date inserpcument's effection of the comment's effective of the comment's effective of the comment of the comm	re date, if other than the date of listed, the date must be specified in this block does not me ve date on the Department of rovisions, if any. SIGNATURE: Signature of a-mem This document is executed I am aware that any false in constitutes a third degree for listed.	ct the applicable statutory filing requirements, this date will not be listate's records. ber.or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State