# L16000119637

	(Requestor's Name)
	(Address)
V.	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
- 1	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



500287087535

06/20/16--01038--024 \*\*130.00

16 JUN 20 PH 1: 40

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ASINER MAN United L. L. C.  Name of Limited Liability Company
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:
JUSON POLANCO
Name of Person
ASliver Man United L.L.C.
Firm/Company
8051 SW 20Th PL
Address
Davie FL 33324
TUSONPOLONIOSS EGMUIL. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jason Polanco at (234) 888 2823
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
NA-UL- Adduss

# 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 Circle Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
ASliverman U	Nited L.L.C.
(Must end with the words "Limited Liabil	ity 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:	Mailing Address:
8081 SW 20th PL DAVIE FL 33324	8051 5W 2014PL PANIC FL 33324
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regist another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent	are:
Jason	olanco
Nam	····
512 5W 14	17th AVE
Florida street address (P.O.	Box NOT acceptable)
Pembrolle Pines	FL33027
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

16 JUN 20 PH 1: 40

#MGR" = Manager    Man da   Pollan (0)	AMBR  Browlyn NY 11220  AMBR  John Polanco 37855 St APT 2B  Browlyn NY 11220  MERR  MERR  JASON POLANCO 512 SW 147THME	
(Use attachment if necessary)  LEV: Effective date, if other than the date of filing:	512 SW 147ThAVE	——————————————————————————————————————
(Use attachment if necessary)  LEV: Effective date, if other than the date of filing:	512 SW 147ThAVE	
(Use attachment if necessary)  LEV: Effective date, if other than the date of filing:	512 SW 147ThAKE	
(Use attachment if necessary)  LEV: Effective date, if other than the date of filing:	512 SW 147Thave	
(Use attachment if necessary)  LEV: Effective date, if other than the date of filing:	512 SW 147Thave	<del>-</del>
(Use attachment if necessary)  LEV: Effective date, if other than the date of filing:	512 SW 147Thave	<del>_</del>
(Use attachment if necessary)  LEV: Effective date, if other than the date of filing:	512 SW 147Thave	_
(Use attachment if necessary)  LEV: Effective date, if other than the date of filing:	512 SW 147Thave	
(Use attachment if necessary)  LEV: Effective date, if other than the date of filing:	512 SW 147THAVE	
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:	DOMAGINE PILLESES 3037	_
LE V: Effective date, if other than the date of filing:	TENDION TIACON SOLET	
Signature of a pember or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  TASON POLONO  Typed or printed name of signee  Filing Fees:	LE VI: Other provisions, if any.	
Signature of a pember or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  TASON POLONO  Typed or printed name of signee  Filing Fees:		
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Tason Polanco  Typed or printed name of signee  Filing Fees:		
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Tason Polanco  Typed or printed name of signee  Filing Fees:	REOUIRED SIGNATURE:	
Filing Fees:	REQUIRED SIGNATURE:	
Filing Fees:	Signature of a pember or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statut I am aware that any false information submitted in a document to the Department of St constitutes a third degree felony as provided for in s.817.155, F.S.	tes.
	Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statut I am aware that any false information submitted in a document to the Department of St constitutes a third degree felony as provided for in s.817.155, F.S.	ites.
	Signature of a pember or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statut I am aware that any false information submitted in a document to the Department of St constitutes a third degree felony as provided for in s.817.155, F.S.	ites.

ARTICLE IV-

Page 2 of 2