## 21600196336

(Requestor's Name)
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(City/State/Zip/Phone #)
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(Document Number)
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## COVER LETTER

	*	COVERLETTER	i.e. ije.	
	Registration Section Division of Corporations			
SUBJEC	Avenhouse LLC			
SOBJEC		of Limited Liability Company		
The enclo	osed Articles of Organization and fee	(s) are submitted for filing.		
Please ret	turn all correspondence concerning th	nis matter to the following:		
	Australia Alba			
		Name of Person	<u> </u>	
		Firm/Company		
		1 it in Company		
	31 SE 5th Street Apt. 1406		<b>6</b> 00 00	
		Address	1	
	Miami, Florida 33131		24 P	
		City/State and Zip Code	<u>က်၊</u>	
	australia_alba@hotmail.com	15.1-1.11		
	E-mail address: (to be	used for future annual report notif	ication)	
For further	information concerning this matter, p	please call:		
	Australia Alba	786 879-0097		
	Name of Person	Area Code Daytime Telep	hone Number	
Enclosed	is a check for the following amount:			
<b>\$125</b> .00 F	Filing Fee \$130.00 Filing Fee Certificate of Statu		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	.)
	Mailing Address New Filing Section	Street Address New Filing Sectio	n	
	Division of Corporations P.O. Box 6327	Division of Corpo Clifton Building		
	Tallahassee, FL 32314	2661 Executive C	enter Circle	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Avenhouse LLC	
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
CLE II - Address:	
ailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
31 SE 5th Street Apt. 1406	31 SE 5th Street Apt. 1406
Miami, Florida 33131	Miami, Florida 33131
	Mianti, Florida 33131  egistered Agent's Signature: stered Agent. You must designate an individual o
Miami, Florida 33131  CLE III - Registered Agent, Registered Office, & Reimited Liability Company cannot serve as its own Regir business entity with an active Florida registration.)	Mianti, Florida 33131  egistered Agent's Signature: stered Agent. You must designate an individual o

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..

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

Florida

State

33131

Zip

Miami

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Citle:  AMBR" = Authorized Member	Name and Address:
MGR" = Manager AMBR	Australia Alba
<u> </u>	31 SE 5th Street Apt. 1406
	Miami, FL 33131
<del></del>	
Use attachment if necessary)	
V. Effective data if other than the date of filin	g: (OPTIONAL)

ARTICLE VI: Other provisions, if any.

**REOUIRED SIGNATURE:** 

Signature of a member 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.

Australia Alba

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)