

# L700004483

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

17 FEB 28 PM 4:42

FLORIDA  
DIVISION OF CORPORATIONS  
ELECTRONIC FILING SERVICES

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
F.L.A.S., LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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To: Division of Corporations  
Fax Number : (850) 617-6361

From: Account Name : CORP USA  
Account Number : 07245003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
F.L.A.S., LLC**

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<https://efile.suabiz.org/scripts/efilecovr.exe>

DATE, TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE	02/27 17:10 18506176391 00:00:44 04 OK STANDARD ECM	02/28/2017 Celina
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TIME : 02/27/2017 17:11  
NAME : CORP USA  
FAX : 3056339696  
TEL : 18004323028  
SER.# : BR066J607737

TRANSMISSION VERIFICATION REPORT



February 28, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CORP USA

SUBJECT: F.L.A.S., LLC  
REF: W17000016912

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

We need the complete name of the manager listed in the Articles of Organization.

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.

Jessica A Fason  
Regulatory Specialist II

FAX Aud. #: H17000055347  
Letter Number: 217A00003787

P.O BOX 6327 - Tallahassee, Florida 32314

(4)

H7000055347

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: F.L.A.S., 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:

Jose Francisco Hernandez  
Name of Person

\_\_\_\_\_  
Firm/Company

1641 SW 70th Ave  
Address

North Lauderdale, FL 33068  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Francisco H. at (954) 701-2201  
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**  
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:

FLA.S. LLC

(Must contain the words "Limited Liability 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:

1641 SW 70th Ave  
North Lauderdale, FL  
33068

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

Jose Francisco Hernandez  
Name

1641 SW 70th Ave  
Florida street address (P.O. Box **NOT** acceptable)

North Lauderdale, FL 33068  
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.

Jose FH  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

"MGR" Francisco H. →

Francisco Hernandez  
1641 SW 70th Ave  
North Lauderdale, FL  
33068

"AMBR" Fanny Trochez →

Fanny Trochez  
1641 SW 70th Ave  
North Lauderdale, FL  
33068

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Jose F. H.

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.

Jose Francisco Hernandez  
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)