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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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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (B50)617-6381

From:

Account Name : CORP USA
Account Number : 072450003255
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

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

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OSSEE, FLORID

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Corporate Filing Menu

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2/27/2017 ØE:LI LIØZ/8Z/ZØ To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CORP USA Account Number: 072450003255 : (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:

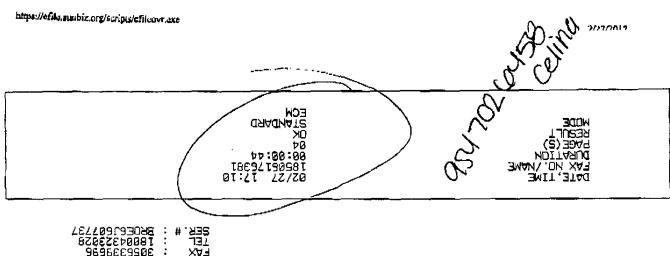
## FLORIDA LIMITED LIABILITY CO. F.L.A.S., LLC

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

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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



HMW0055347

## 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
11
1641 5w 70 th owe Address
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 mutter, 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 & S130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & 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:	1	
F.L.A.S. 1	LC	
(Must contain the words	"Limited Liability Company, "L.L	.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liab	ility Company is:
Principal Office Add	rėss:	Mailing Address:
1641 5w to the awardal 33068.	e e, fl	
ARTICLE III - Registered Agent, Registered (The Limited Lizbility Company cannot serve another business entity with an active Florida r	as its own Registered Agent. You r	
The name and the Florida street address of the	registered agent are:	
lose :	Francisco Herne	us dez
3	Francisco Herno	
( <i>uL</i> (1	3w 70 th a	we
Florida stre	et address (P.O. Box NOT accept	able)
NoAL	landerdale, Fl	33068.
C	ity State	33068. Zip
Having been named as registered agent and to ac place designated in this certificate, I hereby accepturther agree to comply with the provisions of all am familiar with and accept the obligations of my	ot the appointment as registered ago statutes relating to the proper and c	ent and agree to act in this capacity. I complete performance of my duties, and I
Jos	Registered Agent's Signature (F	REQUIRED)
	(CONTINUED)	

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SECRETARY OF STATE
TAIL THE SECRETARY OF STATE
TH

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641 5w 70 th ave Jarth landerdoute, Fl 33068 - Fanny Trochez odl sw 70 th ave Jorth landerdoute, Fl 33068.
Joseph landerdoule, Fl 33068- Fanny Trochez 1941, 5w 70. th ave 1914h landerdoule, Fl 33068.
Fanny Trochez 641, 5w 70, th ave North lauderdate, Fl 33068. (OPTIONAL)
291 5w 70, th ave  Vorth landerdale, Fl  330 GS  (OPTIONAL)  unnot be more than five business days prior to or 90
. (OPTIONAL) unot be more than five business days prior to or 90
. (OPTIONAL) unot be more than five business days prior to or 90
icable statutory filing requirements, this date will not cords.
authorized representative of a member, ance with section 605.0203 (1) (b). Florida Statutes.
lance with section 605.0203 (1) (b), Florida Statutes.  I submitted in a document to the Department of State
lance with section 605.0203 (1) (b), Florida Statutes. submitted in a document to the Department of State rovided for in s.817.155, F.S.
lance with section 605.0203 (1) (b), Florida Statutes.  I submitted in a document to the Department of State