

L17000073470

Florida Department of State
Division of Corporations
Electronic Filing Services Unit

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.

((H17000091957 3)))



H170000919573ABC6

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 : (850) 617-6381

From:
Account Name : GEOFFREY M. WAYNE, P.A.
Account Number : 076770003401
Phone : (305) 381-8108
Fax Number : (305) 381-8109

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

Email Address: gn@abogadomiami.com

**FLORIDA LIMITED LIABILITY CO.
ESAU LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED
17 APR -4 AM 11:35
BUREAU OF CORPORAL
INFORMATION SERVICES

FILED
17 APR -4 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is: **ESAU LLC**

ARTICLE II - Address:

The mailing address of the Limited Liability Company is: 135 San Lorenzo Ave., PH 840, Coral Gables, FL 33146

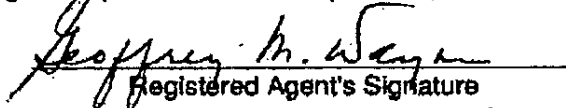
The street address of the principal office of the Limited Liability Company is: 135 San Lorenzo Ave., PH 840, Coral Gables, FL 33146

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Geoffrey M. Wayne
135 San Lorenzo Ave., PH 840
Coral Gables, FL 33146

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

ARTICLE IV - Management

The name and address of each person authorized to manage and control the Limited Liability Company:

AMBR/P

Patricia Ann Hrebícek-Ghany
135 SAN LORENZO AVE., PH 840
CORAL GABLES, FL 33146

AMBR

P.V.F. Solutions Limited
135 SAN LORENZO AVE., PH 840
CORAL GABLES, FL 33146

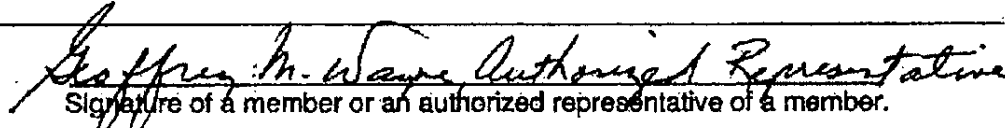
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 APR - 4 AM 11:24

FILED

ARTICLE V - Effective date, if other than the date of filing: _____

ARTICLE IV - Other Provisions, if any. _____


Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Geoffrey M. Wayne
Typed or printed name of signer

FILING FEES:

GMW 3053818109

(04/04) 04/04/2017 11:23:47 AM

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)