117000208339

(Re	questor's Name)	
bA)	dress)	
(Ad	dress)	
,	·	
(Cit	y/State/Zip/Phone	- #)
(Cit	y/Otate/Zip/r Hone	z π <i>)</i>
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(00	ocument Number)	
(50	oument Humberj	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
,	-	
L		

Office Use Only



600303148476

09/05/17--01036--003 **25.00

09/27/17--01011--014 **30.00

FILED

17 SEP 28 AHTH: 12

1. SEP 28 AHTH: 12

T. BURCH 0CT 1 0 2017

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: AAADRY I. Name of Lin	CEBLASTING, LC nited Liability Company
The enclosed Articles of Organization and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Aclan Ant=Z	ana Avardi
X To the second	Name of Person
	Firm/Conypany
8735 River H	omes Lu #303 Address
Bouita Spri	ity/State and Zip Code
as of week as	ity/State and Zip Code True 3 Color to the Color to the Color for future annual report notification)
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
	239 270 - 9019 rea 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 & \$160.00 Filing Fee. Certified Copy (additional copy is enclosed) \$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	New Filing Section Division of Corporations
Division of Corporations P.O. Box 6327	Clifton Building
Talfahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name: he name of the Limited Liability Company is:	
AAA DRY ICE BLASTING LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LI.C.")	
RTICLE II - Address: he mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
Bouita Spring, PL34134 Bouita Spring F134136	
RTICLE 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 the business entity with an active Florida registration.)	17 SEP
he name and the Florida street address of the registered agent are:	28
Adan Antesana Ayardi	ART:
Adan Antesana Ayardi Name 8735 Priver Homes 24 #303 Florida street address (P.O. Box NOT acceptable)	: - 7
Bouita Spuns [] 34/35 City State Zip	
ving been named as registered agent and to accept service of process for the above stated limited liability company at the ce designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I ther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S Registered Agent's Signature (REOUIRED)	

(CONTINUED)

Title: (AMBB) = Authorized Member	Name and Address:
"MGR" = Manager	11 1 0 1
	Adan Antezana Ayardi 8735 Miver Hower Lh#303
	Bouta Springs F2 34/35
	<u> </u>
	·
(Use attachment if necessary) CLE V: Effective date, if other than the	date of filing: 07/28/20/7 (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must be te of filing.)	e specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be li
CLE V: Effective date, if other than the effective date is listed, the date must be te of filing.) If the date inserted in this block does not mean the date on the Department.	e specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does not be current's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than the effective date is listed, the date must be to of filing.) If the date inserted in this block does not cument's effective date on the Department of the	e specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be listent of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must be the of filing.) If the date inserted in this block does not cument's effective date on the Department of the Department of a signature of a signat	e specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be listent of State's records. Statuture a member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
CLE V: Effective date, if other than the effective date is listed, the date must be te of filing.) If the date inserted in this block does not current's effective date on the Department's ef	e specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be listent of State's records. Statution
CLE V: Effective date, if other than the effective date is listed, the date must be te of filing.) If the date inserted in this block does not mean the date inserted in the block does not be determined by the date on the Department's effective date on the Depa	e specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be likent of State's records. ***ELLILATE** **Included** **In

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)