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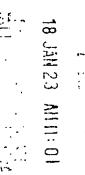
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PICK-UP	☐ WAIT	MAIL		
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COVER LETTER 78
TO: New Filing Section Division of Corporations
SUBJECT: AVAT L.L.C. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROBERT TAVANESE Name of Person
Firm/Company
17711 CANDLEWOOD TERRACE
BOCA RATON, FL. 33487 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert TAVANESE at (561) 859-4587 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: S125.00 Filing Fee

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:

	Principal Office Address:		Mailing Address:			
		17711 BOGA	CANDLEWOLL 3:			२ % ()1
(The Limited Liability Com another business entity with	d Agent, Registered Office, & Register apany cannot serve as its own Register han active Florida registration.) treet address of the registered agent as	red Agent. You mus	iature: si designate an individua	lor	18	
The hanc and the Fronta's	_	AVANESE	<u> </u>		JAN 23	* **** * * *
	17711 CANDL			. •	AM II	:
	Florida street address (P.O. I	ACAT acceptant	••		• •	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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..

ARTICLE IV-

. . . .

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Robert Igvanese MGR 17711 CANDLEWSON TERRACE BOCA RATON, FL. 33487
	
(Use attachment if necessary)	ate of filing: JRN 19, 2018 (OPTIONAL)
e date of filing.) ote: If the date inserted in this block does note document's effective date on the Department of the	of meet the applicable statutory filing requirements, this date will not be listed on of State's records.
REQUIRED SIGNATURE:	
Signature of a This document is exc I am aware that any fi	member or an authorized representative of a member, routed in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
ROBER	Typed or printed name of signce
	Filing Fees:
\$125.00 Filing Fee for Articles of \$30.00 Certified Copy (Optional \$5.00 Certificate of Status (Opt) A second and resignation of registered agent
5 5.00 Certificate of Status (Opt	100mm)