

**L18000028903**

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.**

((H18000038773 3)))



H180000387733ABC4

**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 : MENDEZ ACCOUNTAX SERVICES, CORP  
Account Number : I20060000145  
Phone : (305)769-4936  
Fax Number : (305)769-1844

**\*\*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.  
CARSOPIA ENTERPRISES, LLC.**

Certificate of Status		0
Certified Copy		0
Page Count		01
Estimated Charge		\$125.00

**C RICO  
FEB 01 2018**

RECEIVED

2018 FEB -1 PM 1:15

2018 FEB -1 PM 1:15

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

**CARSOFLA ENTERPRISES, LLC.**

**ARTICLE II- Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: **1110 SW 29 AVE MIAMI, FL 33135**

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

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

**CARLOS M OVIEDO  
1110 SW 29 AVE  
MIAMI FL 33135**

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at 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

FILED  
18 FEB - 1 PM 4:47  
CLERK OF DISTRICT COURT  
MIAMI, FLORIDA

**ARTICLE IV:**

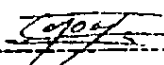
The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

**AMBR**

**Name and Address:**

**CARLOS M OVIEDO  
1110 SW 29 AVE  
MIAMI, FL 33135**

  
-----  
Signature of 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.)

**CARLOS M OVIEDO**  
-----

Typed or printed name of signee.