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## (((H180000604303)))



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## ARTICLE I - Name:

The name of the Limited Liability Company is:

Bus SPILERE (Must contain the words "Limited Liability Company, "L.L.

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
2721 SW 92ND PL	2721 Sur geno PL
MIAMI FL 33165	TIPAY-12 33165

## ARTICLE 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 another business entity with an active Florida registration.)

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

Sercia L.		nez
	Name	
2721 5	w 92ND	PL .
Florida street address	(P.O. Box <u>NO</u>	Tacceptable)
Mosmi	Æ	33165
City	State	Zip

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 60.4, F.S.

Registered Agent's Signature (REOUTRED) CONTINUED)

AM 9:3

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	ANC BUILDERS INC
	18715 SW 84 Cant Miagi- FL 33157
AMBR	AD-AL CONSULTING CORP 14101 Sur 44 STREET MUDAL-FL 23115
DMBR	CARREROS & Associates That P.O. Box 65 0579 MIANIFC
Br br	33269
(lice attachment if	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Felo 2i - 20i8 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REOUIRED SIGNA	Au	u-			_
I am a	Signature of a memb locument is executed iware that any false inf tutes a third degree fei	ormation subm ormation subm	with section 605.0203 itted in a document to d for in s.817.155, F.	(1) (5), Florida the Departmer S.	-
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S 30.00 Certified C	or Articles of Organi opy (Optional)	zation and De	signation of Register	red Agent	$\mathbb{H}_{\mathbb{H}}^{\mathbb{H}} \sim \mathbb{N}$
\$ 5.00 Certificate	of Status (Optional)			-	
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