

L180000272752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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11/15/18--01018--007 **55.00

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18 NOV 15 AM 5:49
FALL ALABAMA, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AIR-RIC'S A/C LLC

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:

ERIC JUAREZ

Name of Person

AIR-RIC'S A/C LLC

Firm/Company

14137 POKE RIDGE DR.

Address

RIVERVIEW, FL 33579

City/State and Zip Code

JERIC86@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIC JUAREZ

813

455-6945

Name of Person

Area 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 &
Certified Copy
(additional copy is enclosed)



\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 13, 2018

ERIC JUAREZ
14137 POKE RIDGE DR
RIVERVIEW, FL 33579

SUBJECT: AIR-RIC'S A/C LLC
Ref. Number: W18000098631

We have received your document for AIR-RIC'S A/C LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the document and fees to form a Florida corporation; however, your name implies you wish to form a limited liability company. The name of a corporation cannot contain a limited liability company suffix. Limited Liability Company, L.L.C. and LLC are all limited liability company suffixes. The name of a corporation must contain Corporation, Corp., Incorporated, Inc., Company or Co.

Please correct the suffix or, if you wish to form a limited liability company, submit "Articles of Organization" along with the additional fee(s). Any fees previously submitted with your corporate filing will be applied to your limited liability company filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

Letter Number: 018A00023272

AIR-RIC'S A/C LLC.
14137 Poke Ridge Dr.
Riverview, FL 33579

October 31, 2018

Florida Secretary of State
Division of Corporation
P O Box 6327
Tallahassee, FL 32314

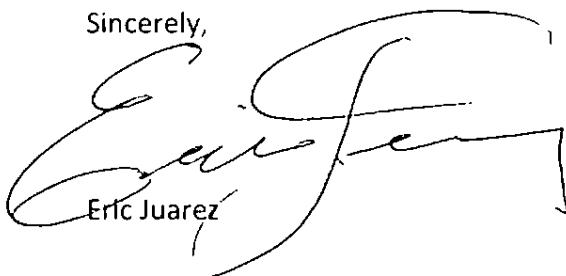
RE: Air-Ric's A/C LLC.

Dear Sir or Madam:

Enclosed, for filing, are the original Articles of Incorporation for the above referenced entity.
Also enclosed is a check, in the amount of \$70.00, covering costs for filing the Articles.

It is requested that the enclosed Articles be filed to the undersigned at your earliest convenience.

Sincerely,



Eric Juarez

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AIR-RICS A/C LLC.

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:14137 POKE RIDGE DR.
RIVERVIEW, FL 33579**Mailing Address:**14137 POKE RIDGE DR.
RIVERVIEW, FL 33579**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:

ERIC JUAREZ

Name

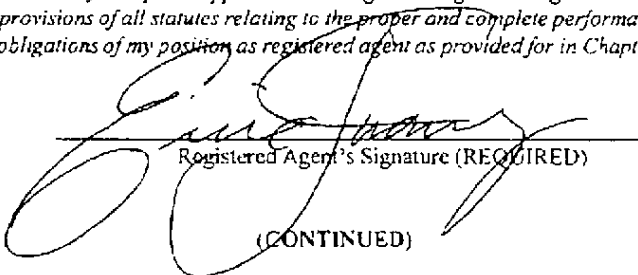
14137 POKE RIDGE DR.Florida street address (P.O. Box **NOT** acceptable)RIVERVIEWFL33579

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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

NOTED
18 NOV 15 AM 5:49
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

ERIC JUAREZ

14137 POKE RIDGE DR

RIVERVIEW, FL 33579

MGR

ERIC JUAREZ

14137 POKE RIDGE DR

RIVERVIEW, FL 33579

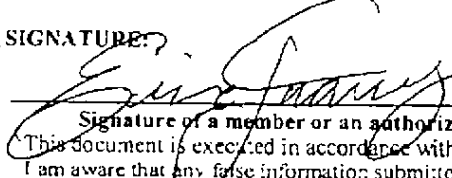
(Use attachment if necessary)

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

REQUIRED SIGNATURE:

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

ERIC JUAREZ

Typed or printed name of signer

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

18 NOV 15 AM 5:49

RECEIVED FOR REGISTRATION