

12/5/2018

Division of Corporations

U800029330

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.

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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 : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****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.
3241 Holdings, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

DEC 05 2018
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3241 Holdings, 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:

Mailing Address:

12211 SW 81st Terrace
Miami, Florida 33183

12211 SW 81st Terrace
Miami, Florida 33183

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:

Peter R. Abesada, Esq.

Name

3676 SW 2nd Street

Florida street address (P.O. Box NOT acceptable)

Miami

FL

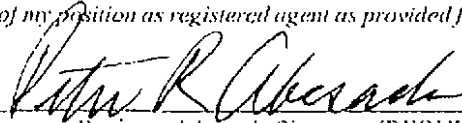
33135

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)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Amelio Alfonso

12211 SW 81st Terrace

Miami, Florida 33183

MGR

Magali Alfonso

12211 SW 81st Terrace

Miami, Florida 33183

FILED
18 DEC -5 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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.

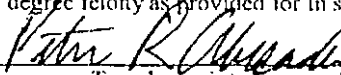
ARTICLE VI: Other provisions, if any.

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.



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)

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CUMMINGS & LOCKWOOD LLC

The Brooks Grand Plaza
8000 Health Center Boulevard
Suite 300
Bonita Springs, FL 34135

TRANSMIT THE ATTACHED TO:**DATE:** December 5, 2018

Name: Florida Department of State
Company:
FAX: 850.617.6381
Confirming No.:

Name:
Company:
FAX:
Confirming No.:

FAX COVER SHEET INFORMATION:

From: Cynthia M. Hendricks
Phone: 239.390.8074
Email: chendricks@cl-law.com
Fax: 239.430.3307

Client No.:
Pages including cover sheet: 5

COMMENTS:

Attached is the Fax Cover Sheet and Articles of Organization for AA&AD OF SWFL LLC. We had originally filed the Articles with the name "AA&AD LLC." Our filing was rejected because the name was not distinguishable for the name of an existing entity. Attached is your letter dated December 5, 2018, rejecting the filing.

Please review the revised Articles and if they meet with the State's approval, please file accordingly.

Thank you.

18 DEC -5 AM 10:19
SECRETARY OF STATE
1100 GUY WOOD BL
TALLAHASSEE, FL 32399-0001