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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: LA GILLAV Avenue 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:
Puning Pushay Brunn Name of Person
Sygy 13th Ave N Apt 202 Address
ST Patersburg T1 38713 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S150.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

La Guar Avenue L	LC
(Must contain the words "Limited Liability Cor	mpany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the l	Limited Liability Company is:
Principal Office Address:	Mailing Address:

r interpat Office Autor cas.	
STPERSONGER 38713	3794 13th Ave U Apt 202 STPCKIS burg FL 33713

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:

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Planith Brown
Name

3494 13th Ave N AP4 202

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

Streetsburg FL 33713

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)

SECRETARY OF STATE

Title:	Name and Address;
"AMBR" = Authorized Member "MGR" = Manager	\cap \rightarrow
MGR	Kinina Than
	3494 Bth AVEN Apt 202 ST 2-456047 FL 33713
	STA BOARY TE SO
(Use attachment if necessary)	
CLE V: Effective date, if other than the	e date of filing:
	be specific and cannot be more than five business days prior to or 90 da
te of filing.) If the date inserted in this block does	s not meet the applicable statutory filing requirements, this date will not be
cument's effective date on the Depart	ment of State's records.
CLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
	of #
This document is	of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b). Florida Statutes.
into document to	by false information submitted in a document to the Department of State

Filing Fees:

Typed or printed name of signee

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

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE

FILED