

Sep 04 2019 2:57 PM

8/22/2019

FLORIDA LIMITED LIABILITY CO.
Division of Corporations

p. 1

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Division of Corporations
Electronic Filing Cover Sheet

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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.
AFR LEASING, LLC.**

| | |
|-----------------------|----------|
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N. SAMS

SEP 05 2019

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

AFR LEASING, LLC.

ARTICLE II- Address:

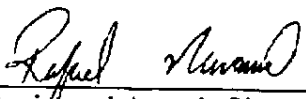
The mailing address and street address of the principal office of the Limited Liability Company is: **2300 NW 150 ST OPA LOCKA, FL 33054**

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

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

**RAFAEL NAVARRO
14900 GARDEN DRIVE
MIAMI, FL 33168**

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
2019 SEP -4 AM 10:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV:

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

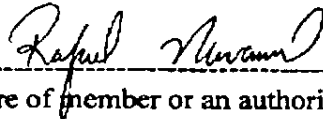
Title:

Name and Address:

AMBR

**RAFAEL NAVARRO
14900 GARDEN DRIVE
MIAMI, FL 33168**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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.)

RAFAEL NAVARRO

Typed or printed name of signee.