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LERETARY OF STATE

COVER LETTER

	ew Filing Section ivision of Corporations		
CHDIECT	Olympian Customs LLC		
SUBJECT	: Name	of Limited Liabi	lity Company
The enclose	ed Articles of Organization and fe	e(s) are submitte	d for filing.
Please retu	m all correspondence concerning t	his matter to the	following:
	Monica Cabrera		
		Name o	f Person
		Firm/C	ompany
	16306 SW 45th Terrace		
		Add	ress
	Miami Florida, 33185		
-	monica@olymp E-mail address: (to b	piancust	nd Zip Code OMS . COM annual report notification)
For further in	nformation concerning this matter,	please call:	
	Monica Cabrera	786 at (583-4518
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount	:	
\$ 125.00 Fi	ling Fee \$130.00 Filing Fee Certificate of Stat	us LlCertif	00 Filing Fee & S160.00 Filing Fee, Ged Copy nal copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:			
Olympian Customs Ll				
(Must conta	in the words "Limited I	Liability Company,	"L.L.C" or "L.L.C.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal o	ffice of the Limited	Liability Company is:	
<u>Principa</u>	l Office Address:		Mailing Address	<u>;</u> :
	16306 SW 45th Terrace Miami, Florida 33185		. Box 941386 mi, Florida 33194	
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac The name and the Florida street ac	cannot serve as its own ctive Florida registratio	Registered Agent.		idual or
	wionica Caotera	Name		
	16306 SW 45th Terra	aco		
	Florida street address		cceptable)	
	Miami	Florida	33185	
	City	State	Zip	
Having been named as registered ag place designated in this certificate, l further agree to comply with the pro am familiar with and accept the obli	hereby accept the apportisions of all statutes religations of my position of	ointment as register clating to the proper	ed agent and agree to act in t r and complete performance o as provided for in Chapter 60	his capacity. I of my duties, and I

RTI	CI	E I	W.

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

"AMBR" = Authorized Member	
"MGR" = Manager	Scott Robert
AMBR	16306 SW 45th Terrace
	Miami, Florida 33185
	Whaliff, Profited 33163
AMBR	Monica Cabrera
	16306 SW 45th Terrace
	Miami, Florida 33185
AMBR	Fernando Martinez
	16306 SW 45th Terrace
	Miami, Florida 33185
(Use attachment if necessary)	
FV: Effective date if other than the date	of filing: (OPTIONAL)
	ecific and cannot be more than five business days prior to or 90 da
LE VI: Other provisions, if any.	n state's terorus.
	/
	-1
REOUIRED SIGNATURE:	
Signature of a me	mber or an authorized representative of a member. ed in accordance with section 605 0203 (1) (b) Florida Statutes
Signature of a me This document is execut	ed in accordance with section 605.0203 (1) (b), Florida Statutes.
Signature of a me This document is execut 1 am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
Signature of a me This document is execut 1 am aware that any false	ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State
Signature of a me This document is execut I am aware that any false constitutes a third degree	ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
Signature of a me This document is execut I am aware that any false constitutes a third degree	ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. Typed or printed name of signee
Signature of a me This document is execut I am aware that any false constitutes a third degree	ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S. Typed or printed name of signee
Signature of a me This document is execut I am aware that any false constitutes a third degree Monica Cabrera	ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees:
Signature of a me This document is execut 1 am aware that any false constitutes a third degree Monica Cabrera \$125.00 Filling Fee for Articles of Organical Cabrera	ed in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: ganization and Designation of Registered Agent
Signature of a me This document is executed a may aware that any false constitutes a third degree Monica Cabrera \$125.00 Filing Fee for Articles of Org \$30.00 Certified Copy (Optional)	ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: ganization and Designation of Registered Agent
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Signature of a me This document is execut I am aware that any false constitutes a third degree Monica Cabrera \$125.00 Filing Fee for Articles of Org \$ 30.00 Certified Copy (Optional)	ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: ganization and Designation of Registered Agent

COVER LETTER

	vision of Corporations		
SUBJECT:	Olympian Customs LLC		
SUBJECT:		of Limited Liabi	ity Company
The enclose	d Articles of Organization and fee	(s) are submitted	for filing.
Please return	n all correspondence concerning th	is matter to the	following:
	Monica Cabrera		
-		Name of	Person
-		Firm/Co	ompany
	16306 SW 45th Terrace		
-		Addr	ess
	Miami Florida, 33185		
	E-mail address: (to be		•
	Monica Cabrera	786	583-4518
_	Name of Person	Area Code	Daytime Telephone Number
Enclosed is a	a check for the following amount:		
\$125.00 Fili	ng Fee \$130.00 Filing Fee Certificate of Statu	s LLCertifi	O Filing Fee & \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:				
The name of the Limited Liability	ty Company is:			
Olympian Customs I				
(Must cont	ain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street a	ddress of the principal of	office of the Limited	Liability Company is:	
D-ii-	-1 OF Add		60.494 · A.B.B. · ·	
rincip	al Office Address:		Mailing Address:	
16306 SW 45th Terr			. Box 941386	
Miami, Florida 3318	5	<u>Mia</u>	mi, Florida 33194	-
			<u></u>	
ARTICLE III - Registered Age	ent, Registered Office,	& Registered Age	nt's Signature:	
(The Limited Liability Company	cannot serve as its own	n Registered Agent.		al or
another business entity with an a	active Florida registration	on.)		
The name and the Florida street	address of the registers	d agent age:		
The hame and the Florida street	address of the registere	u agent are.		
	Monica Cabrera			
		Name		
	16306 SW 45th Ten	race		
	Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)	
	Miami	Florida	33185	
	City	State	Zip	
//			1 10 10 100	
laving heen named as registered o place designated in this certificate,	ageni ana io accepi serv I hereby accept the apr	rice of process for inc pointment de rabbeter	ed agent and agree to act in this	mpany at the
urther agree to comply with the pr	ovisions of all statutes r	elating to the proper	and complete performance of m	v duties, and I
am familiar with and accept the ob				
	/	/ // 1		
	<u>/</u>	' //		
	Regis	tered Agent's Signat	ure (PEOLIPED)	
	veg.	ered Agent a algital	are (NEQUINED)	
		(CONTINUED)		

A	RTI	CI	L.	137.

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Scott Robert
71(VISIC	16306 SW 45th Terrace
	Miami, Florida 33185
AMBR	Monica Cabrera
	16306 SW 45th Terrace
	Miami, Florida 33185
AMBR	Fernando Martinez
	16306 SW 45th Terrace
	Miami, Florida 33185
an effective date is listed, the date must be date of filing.)	e date of filing:
TICLE VI. Other provisions if any	
TICLE VI: Other provisions, if any.	
· · · · · · · · · · · · · · · · · · ·	/
REOUIRED SIGNATURE:	
Signature of	a member or an authorized representative of a member.
	executed in accordance with section 605.0203 (1) (b). Florida Statutes.
	false information submitted in a document to the Department of State
	legree felony as provided for in s.817.155, F.S.
Monica Cab	

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)