

11/27/2019

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Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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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.

AVENPAR TRADING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Date: November 26, 2019

ARTICLE I – NAME:

The name of the Limited Liability Company is:

AVENPAR TRADING, LLC

ARTICLE II – ADDRESS:

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

**19333 COLLINS AVE. APT 1803
SUNNY ISLES, FL 33160**

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

STANLEY MILLER

Name

19333 COLLINS AVE. APT 1803

Florida Street Address

SUNNY ISLES, FL 33160

City, State, and Zip

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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 605.0203 (1) (b).

x 

Registered Agent's Signature
STANLEY MILLER

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ARTICLE IV – MANAGEMENT

The Limited Liability Company is to be considered a single member LLC and is therefore a SINGLE MEMBER LLC company with single manager. The NAME and ADDRESS of initial MANAGER/MEMBER are as follows:

Title _____
Authorized Member

Name and Address:
STANLEY MILLER
19333 COLLINS AVE. APT 1803
SUNNY ISLES, FL 33160

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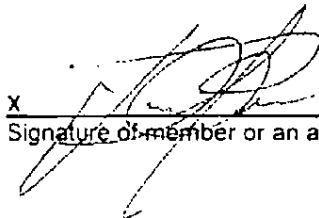
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ARTICLE V BUSINESS DEDUCTIONS

Per IRS regulations the corporation may pay and deduct the health insurance and medical expenses of its directors and employees. Additionally, business auto expenses may be reimbursed to directors and employees and thus deducted from current operations.

ARTICLE VI – EFFECTIVE DATE

The effective date of the Limited Liability Company shall be: **DECEMBER 4, 2019**

X 

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.

X 

STANLEY MILLER
Member/Manager of LLC

November 26, 2019

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FAX COVER SHEET

TO

COMPANY

FAX NUMBER 18506176381

FROM Alexis Gregor

DATE 2019-11-27 13:02:41 CST

RE ANICO GROUP Inc. - FL Formation Refile RUSH

COVER MESSAGE

PLEASE HONOR ORIGINAL SUBMISSION DATE of 11/22/2019

Dear Robert Evert,

Re: Articles of Incorporation - ANICO GROUP Inc.

The 3 page fax you sent through eFax Solutions to 18506176381 was successfully transmitted at 2019-11-22 17:29:45 (GMT).

The length of transmission was 110 seconds.

The receiving machine's fax ID: 850-617-6381.

If you need additional assistance, please visit our online help center at <https://www.efaxcorporate.com/corp/twa/page/customerSupport>. Thank you for using the eFax Solutions service.

Best Regards,
eFax Solutions

CustomerServiceOnline Help: <https://www.efaxcorporate.com/corp/twa/page/customerSupport>

Tel: 1-323-817-3202

Email:

corporatesupport@mail.efax.com<<mailto:corporatesupport@mail.efax.com>>

Reference ID:

REC-2
ANICO