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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

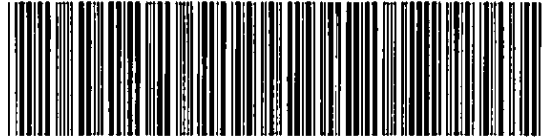
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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11/13/19

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Avshalom Investments, LLC.  
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following.

Bill Antar  
Name of Person

Cape Coral Tax &  
Accounting Services, LLC.  
3306 Del Prado Blvd. South  
Cape Coral, FL 33904

BillAntar@Capetaxes.com  
City/State and Zip Code  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bill Antar at (239) 540-7500  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$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 I - Name:**

The name of the Limited Liability Company is:

AVSHALOM INVESTMENTS, LLC.  
2022 NE 17TH AVE  
CAPE CORAL, FL 33909

**ARTICLE II - Address:**

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

AVSHALOM INVESTMENTS, LLC.  
2022 NE 17TH AVE  
CAPE CORAL, FL 33909

**Principal Office Address: Mailing Address:**

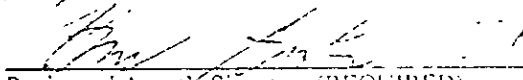
2022 NE 17TH AVE  
CAPE CORAL, FL 33909

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

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

BILL ANTAR, CPA  
CAPE CORAL TAX & ACCOUNTING SERVICES, LLC  
3306 DEL PRADO BLVD. S.  
CAPE CORAL, FL 33904

*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)

Page 1 of 2.

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

JOY AVSHALOM  
(Managing Member)  
2022 NE 17TH AVE  
CAPE CORAL, FL 33909

REBECCA AVSHALOM  
(Member)  
2022 NE 17TH AVE  
CAPE CORAL, FL 33909

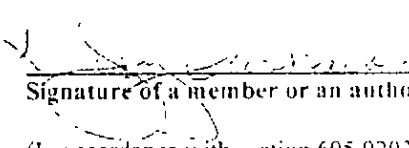
JASON AVSHALOM  
(Member)  
2022 NE 17TH AVE  
CAPE CORAL, FL 33909

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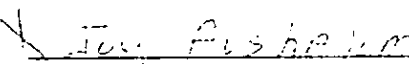
**ARTICLE V: Effective date, if other than the date of filing:**

This LLC shall have perpetual existence, commencing upon the date of filing of these articles with the Florida Department of State.

**REQUIRED SIGNATURE:**

  
Signature of a 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.)

  
Typed or printed name of signee