

01/06/2020 02:06 PM FAX 9548422936

SORSHER & ASSOCIATES

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of this document.

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Note: DO NOT hit the RE=RESET/RET.QA12 button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : 128178000056
Phone : (954)842-1931
Fax Number : (954)842-2936

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.
A.V.I. INVESTMENT, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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DIVISION OF CORPORATIONS
20 JAN -8 PM 5:13

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DIVISION OF CORPORATIONS
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JAN - 8 2020

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: A.V.I. INVESTMENT, L.L.C.

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:

OKSANA MATUKHNO

Name of Person

A.V.I. INVESTMENT, L.L.C.

Firm/Company

900 N FEDERAL HWY, STE 203

Address

HALLANDALE, FL 33009

City/State and Zip Code

I.VINNIK@ME.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (_____) _____
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A.V.I. INVESTMENT, LLC.

(Must contain the words "Limited Liability Company," "LLC," or "L.L.C.")

ARTICLE II - Address:

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

Principal Office Address:

900 N FEDERAL HWY, STE 203
HALLANDALE, FL 33009

Mailing Address:

900 N FEDERAL HWY, STE 203
HALLANDALE, FL 33009

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:

OKSANA MATUKHNO

Name

900 N FEDERAL HWY, STE 203

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

HALLANDALE FL 33009

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..

Oksana Matukhno

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
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DIVISION OF CORPORATE
20 JAN - 8 PM 5:

ARTICLE IV-

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

Title:

"AMBR" -- Authorized Member

"MGR" -- Manager

Name and Address:

AMBR

OKSANA MATUKHNO
900 N FEDERAL HWY, STE 203
ITALIA DALE, FL 33009

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Oksana Matukhno

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

OKSANA MATUKHNO

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)