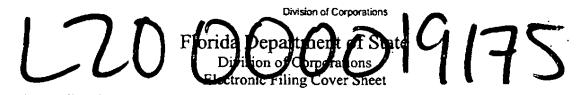
Prof. Tan.

1/23/2020



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

(((H20000026747 3)))



H200000267473ABC

Note: DO NOT hit the REFRESH/RELOAD 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 : ASLAN TAX SERVICES INC

Account Number : I20140000082 Phone : (305)644-9144 Fax Number : (786)477-5802

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

RECEIVED 20 JAN 23 PM 4: 42

FLORIDA LIMITED LIABILITY CO. ATRAM LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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Corporate Filing Menu

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Fax Services

COVER LETTER

TO:	New Filing Sect Division of Corp					
SUBJE	ATRAM LI	LC				
SOBSE	C1.	Name of Lim	ited Liability Company			
The enc	losed Articles of	Organization and fee(s) are	submitted for filing.			
		ndence concerning this ma	-			
	IRMA SERN	IA				
			Name of Person			
	ASLAN TAX	SERVICES INC				
			Firm/Company	- 	2020 SEC	
	762 SW 18T1	H AVE		AHF	SECRETARY OF STATE	ப
			Address		N 23	FILED
	MIAMI, FL	33135		ب آب	19F 7	2 0
		C	ity/State and Zip Code		STATE STATE	J
	IRMA@ASLA	ANTAXSERVICE.COM		i i	אַ יַשְׁכַּ	ว์
	E	E-mail address: (to be used	for future annual report notification	on)		
For furth	er information cor	ncerning this matter, please	call:			
	IRMA SERN	A 30	5 644-9144			
	Name		rea Code Daytime Telephone	Number		
Enclose	ed is a check for th	ne following amount:				
		-				
□\$125	i.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)		
	·	g Address	Street Address			
		iling Section on of Corporations	New Filing Section Dir The Centre of Tallaha			
		ox 6327	2415 N. Monroe Stree			
		assee, FL 32314	Tallahassee, FL 32303			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

ATRAM LLC

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:		
762 SW 18TH AVE	762 SW ISTH AVE		
MIAMI, FL 33135	MIAMI, FL 33135		

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:

<u>ASLAN AFFILIAT</u>	ES LLC_	
	Name	
762 SW 18TH		
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
MIAMI	FL	33135
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. 1 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.,

Agent's Signature (REQUIRED)

(CONTINUED)

A	PTI	$\boldsymbol{\Gamma}$	c	TV

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	HECTOR ALEJANDRO TREJO 762 SW 18TH AVE MIAMI, FL 33135
	
(Use attachment if necessary)	
the date of filing.)	and cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
I ms document is executed in a I am aware that any false inform	or an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of Segue of as provided for in s.817.155, F.S.
HECTOR ALEJANDRO	of TREJO A HE

Filing Fees:

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

S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)