

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

L 20 000 039099

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.

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

From:  
Account Name : ASLAN TAX SERVICES INC  
Account Number : 120140000082  
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: \_\_\_\_\_

### FLORIDA LIMITED LIABILITY CO.

#### Foggy Eyes LLC

Certificate of Status	1
Certified Copy	0
Page Count	(4)
Estimated Charge	\$130.00

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2020 FEB 10 AM 7:40

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COMMERCIAL SERVICES

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Corporate Filing Menu

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*[Handwritten signature]*

2/10/2020

## COVER LETTER

TO: **New Filing Section**  
**Division of Corporations**

SUBJECT: Foggy Eyes LLC

\_\_\_\_\_  
 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:

VICTOR SANCHEZ

\_\_\_\_\_  
 Name of Person

ASLAN TAX SERVICES INC

\_\_\_\_\_  
 Firm/Company

762 SW 18 Avenue

\_\_\_\_\_  
 Address

Miami FL 33135

\_\_\_\_\_  
 City/State and Zip Code

VICTOR@ASLANTAXSERVICE.COM

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

For further information concerning this matter, please call:

VICTOR SANCHEZ

305

644-9144

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
 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  
 The Centre of Tallahassee  
 2415 N. Monroe Street, Suite 810  
 Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Foggy Eyes LLC

(Must contain 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:

17570 NW 10TH ST  
PEMBROKE PINES FL 33029

17570 NW 10TH ST  
PEMBROKE PINES FL 33029

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:

Stefan Andres Gonzalez

Name

17570 NW 10TH ST

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

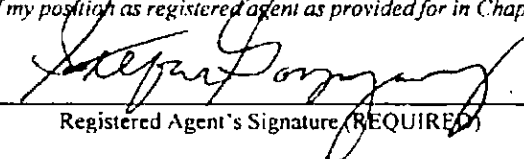
PEMBROKE PINES      FL      33029

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.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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

Stefan Andres Gonzalez

17570 NW 10TH ST

PEMBROKE PINES FL 33029

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

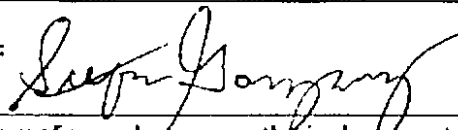
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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:**



**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.

Stefan Andres Gonzalez

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)

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