

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet**L20000639195**

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## To:

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

## From:

Account Name : ACCOUNTANT & BUSINESS CONSULTANTS INC  
Account Number : I20110000083  
Phone : (305)705-7922  
Fax Number : (786)353-0976

**\*\*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.  
ALVAREZ TRUST LLC**

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

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2/10/2020

**COVER LETTER**

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

**SUBJECT:** ALVAREZ TRUST 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:

VANESSA DURAN

Name of Person

DCC ACCOUNTING

Firm/Company

300 ARAGON AVE SUITE 375

Address

CORAL GABLES FL 33134

City/State and Zip Code

INFO@DCCACCOUNTING.COM

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

For further information concerning this matter, please call:

VANESSA DURAN      305      7057922

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:

ALVAREZ TRUST 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:

15462 NW 88 AVE  
MIAMI LAKES FL 33018

Mailing Address:

15462 NW 88 AVE  
MIAMI LAKES FL 33018

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:

ALICIA M. ALVAREZ  
Name  
15462 NW 88 AVE  
Florida street address (P.O. Box NOT acceptable)  
MIAMI LAKES FL 33018  
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.*

**ALVAREZ, ALICIA**

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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