

L200000046737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

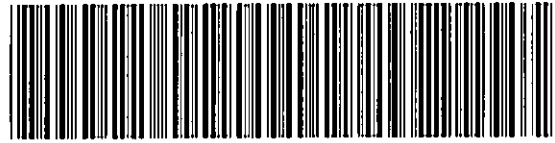
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01/10/2019 10:07:00

FILED
2019 JAN 10 PM 9:57
SEAL OF THE STATE
TALLAHASSEE, FL

Division of Corporations

SUBJECT: ACRYLIC DISPLAYS 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:

FRANLISE VERAS
Name of Person

Firm Company

4445 SW 166th AVENUE #10
Address

MICHIGAN FL 33087
City, State and Zip Code

FRANLISE.VERAS@GMAIL.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANLISE VERAS 776 376-5200
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

☒ \$125.00 Filing Fee &
Certificate of Status

☐ \$125.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$125.00 Filing Fee &
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6127
Tallahassee, FL 32304

Street Address

New Filing Section
Division of Corporations
Cotton Building
2001 Executive Center Circle
Tallahassee, FL 32304

ACRYLIC DISPLAYS, 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:

4799 E 10th LANE
MIAIRAH FL 33013

same

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.

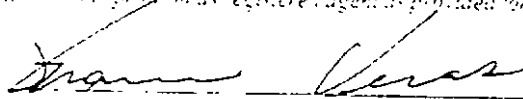
The name and the Florida street address of the registered agent are:

FRANCISCO VERAS
Name

4445 SW 100th AVE #100
Florida street address (P.O. Box NOT acceptable)

MIAMI, FL 33127
City State Zip

Having been named as registered agent and in acceptance of process for the above stated limited liability company in 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 maintain the proper records, standards, and complete performance of my duties and I am familiar with and accept the obligations of a registered agent as provided for in Chapter 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2019 JAN 10 PM 9:57

SECRETARY OF STATE
TALLAHASSEE, FL

Title:

MEMBER - Authorized Member

MANAGER - Manager

MANAGER

Name and Address:

FRANCISCO VERA
4445 SW 106th Ave #150
MIRAFLORES FL 33127

(Use attachment if necessary.)

ARTICLE VI: Effective date, if other than 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 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 in the Department of State's records.

ARTICLE VII: Other provisions, if any _____

REQUIRED SIGNATURE:

Francisco Vera

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

This document is created in accordance with section 605.020(1)(b), Florida Statute.
I declare 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.

FRANCISCO VERA

Typed or printed name of signer

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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