

L20000056722

Division of Corporations
Florida Department of Banking and Finance
Division of Corporations
Electronic Filing Cover Sheet

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.

((H20000060972 3)))



H200000609723ABC

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 : ABALLI MILNE KALIL, P.A.
Account Number : 073123001732
Phone : (305)373-6600
Fax Number : (305)373-7929

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

Email Address: C.fernandez@aballi.com

FLORIDA LIMITED LIABILITY CO.
2020 AILSA LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

FEB 25 2020

T. SCOTT

2020 FEB 24 PM 12:31

FILED

2020 FEB 24 PM 4:55

RECEIVED

H20000060972 3

ARTICLES OF ORGANIZATION

OF

2020 AILSA LLC

a Florida Limited Liability Company

**ARTICLE I
NAME**

The name of the limited liability company (the "company") shall be **2020 AILSA LLC**.

**ARTICLE II
ADDRESS**

1643 Brickell Avenue,
Apt. 901
Miami, FL 33129

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE
& REGISTERED AGENT'S SIGNATURE**

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

VERONICA G. SUCRE
4880 SW 80 Street
Miami, FL 33143

Having been named as registered agent to accept service of process for the above stated limited liability company, at the place designated in this Certificate, I hereby accept the

Arturo J. Aballi
One S.E. Third Ave., Suite 2250
Miami, Florida 33131
Tel: (305) 373-6600
Florida Bar # 166383

H20000060972 3

H20000060972 3

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.


VERONICA G. SUCRE

**ARTICLE IV
MANAGEMENT**

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

SILVIA SAIDEN Manager
1643 Brickell Ave.,
Apt. 901
Miami, FL 33129

VERONICA G. SUCRE Manager
4880 SW 80 Street
Miami, FL 33143

IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Organization this 24th day of February, 2020.

AMKE Registered Agents, L.L.C.

By: 

Arturo J. Aballi
Manager

Arturo J. Aballi
One S.E. Third Ave., Suite 2250
Miami, Florida 33131
Tel: (305) 373-6600
Florida Bar # 166383

H20000060972 3