## L2000058176

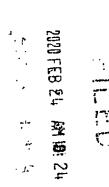
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #	)
PICK-UP WAIT	MAIL MAIL
(Business Entity Name)	)
(Document Number)	
Certified Copies Certificates of	f Status
Special Instructions to Filing Officer:	

VI 200 UDV 0 3210



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COVER LETTER

TO: New Fong Section Division of Corporations

SUBJECT: A.D. Electronics L.C.C.

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alphonso Paul
Name of Person
A.P. Flectronics LLC
Firm/Company
800 43 <sup>rd</sup> 5t
Address
West Palm Beach, Florida 33407
City/State and Zip Code apdetail 5610 amail. com
apdetail 56/0 gmail. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alphonso Raul at (561) 877-2-886
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

Street Address

New Filing Section Division The Centre of Tallahassee

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

١:

_					
A P.	Electronics	LLC			
(Must co	onatin the words "Limited	Liability Con	npany, "L.L.C.," or "L.	I.C.")	

## ARTICLE II - Address:

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

Principal Office Address:	Mailing Address:
900 4314 SF	500 43rd 54
West Halm Beach,	West Union Roach
<u> 1- Lotade 33407 /                                     </u>	Fluide 33407

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:

Alphonso Paul

Name

800 435 57

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

West Palm Beach, p. 1 33407

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)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Alphinso Paul 850 4310 St West Poim Brack FI 33407
	500 ASLOT 25
	LUCSI POIM BOSCH, FI 3340-
	***
<del></del>	
	<del></del>
(Use attachment if necessary)	
the date of filing.)	tte of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after timeet the applicable statutory filing requirements, this date will not be listed as not of State's records.
ARTICLE VI: Other provisions, if any.	JA
REQUIRED SIGNATURE:	
Λ.	$\sim \Omega$
	member or an authorized representative of a member.
Signature of a r	nember or an authorized representative of a member.
I am aware that any fal constitutes a third degr	cuted in accordance with section 605.0203 (1) (b). Florida Statutes. Ise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
~ i.l	nonso Paul Typed or printed name of signee
<u> </u>	Nonto Faul
	Lyped 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)

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

. .

ARTICLE IV-

.	2-19-202
	Atta: Tyrone Scott
	Please use finds (\$ 180) for the conversion
	Thank You
	561) 827-2886 Alphonso Pay ( NO PC