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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : PADRON AND ASSOCIATES INC.  
Account Number : 120060000156  
Phone : (305)818-0404  
Fax Number : (305)818-0898

\*\*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.  
AWL MANAGEMENT GROUP LLC

Certificate of Status	0
Certified Copy	0
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FEB 26 2020

20 FEB 25 PM 11:22

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2020 FEB 25 PM 4:05

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20 FEB 25 AM 11:22

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: AWI. MANAGEMENT GROUP, 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:

RALPH PADRON

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

PADRON & ASSOCIATES, INC.

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

2095 W 76TH STREET

\_\_\_\_\_  
Address

HIALEAH, FL 33016

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

RALPH@RALPHPADRON.COM

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

For further information concerning this matter, please call:

RALPH PADRON

305

818-0404

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

20 FEB 25 AM 11:22

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

AWL MANAGEMENT GROUP, 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:14357 COMMERCE WAY14357 COMMERCE WAYMIAMI LAKES, FL 33016MIAMI LAKES, FL 33016**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:

PADRON & ASSOCIATES, INC.

Name


2095 W 76TH STREETFlorida street address (P.O. Box **NOT** acceptable)HALEAHFL33016

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:****Name and Address:**

"AMBR" - Authorized Member:

"MGR" - Manager

AMBR

PERAZA, ALFREDO  
14357 COMMERCE WAY  
MIAMI LAKES, FL 33016

AMBR

ALAEZ, LUIS B.  
14357 COMMERCE WAY  
MIAMI LAKES, FL 33016


AMBR

MORGAN, WILLIAM D.  
14357 COMMERCE WAY  
MIAMI LAKES, FL 33016

(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.

ALFREDO PERAZA

Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 39.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)