

L20000096323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

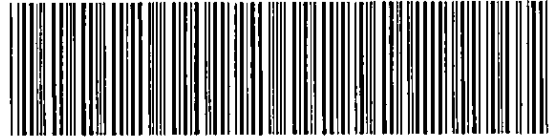
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TALLAHASSEE, FL

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APR 6 2020

**CORPORATE
ACCESS,
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When you need ACCESS to the world

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WALK IN

PICK UP: 04/03/2020

☐ **CERTIFIED COPY** _____
XX **PHOTOCOPY** _____
☐ **CUS** _____
XX **FILING** LLC _____

1. **ALL AMERICAN 24/7 LLC**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

**ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I.

The name of the Limited Liability Company is:

ALL AMERICAN 24/7 LLC

ARTICLE II.

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

9155 RAMBLEWOOD DRIVE APT. 316

CORAL SPRINGS FL 33071

The mailing address of the Limited Liability Company is:

9155 RAMBLEWOOD DRIVE APT. 316

CORAL SPRINGS FL 33071

ARTICLE III.

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

ARTICLE IV.

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

VARGA, VIKTOR

9155 RAMBLEWOOD DRIVE APT. 316

CORAL SPRINGS FL 33071

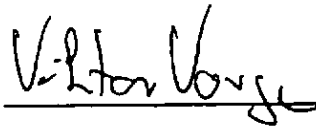
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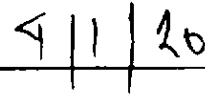
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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity.

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



Date:

ARTICLE V.

The name and address of each Manager or Managing Member is as follows:

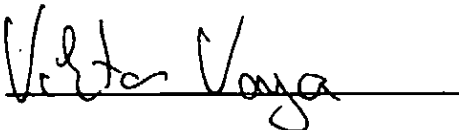
Name and Address:

Title: MGR

VARGA, VIKTOR

9155 RAMBLEWOOD DRIVE APT. 316

CORAL SPRINGS FL 33071



PENCZ, D ISTVAN

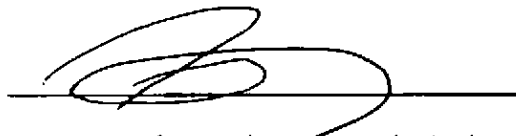
Title: MGR

9155 RAMBLEWOOD DRIVE APT. 316

CORAL SPRINGS FL 33071



In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.



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

ISTVAN D PENCZ

Typed or printed name of signee

4/1/20

Date

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