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ARI	ICLES OF ORGANIZATION FOR FLOR	IDA LIMITED LIABILI	TY COMPANY		
ARTICLE 1 - Name: The name of the Limits	ed Liability Company is:				
Am	vican Interne Must contain the words "Limited Liabil	ational C	ontainer	uc	
Inc mannig manese at	Principal Office Address:		Mailing Address:		
493 Dora	NW94HoraP	ace			
(The Limited Liability	tered Agent, Registered Office, & Re Company cannot serve as its own Regi y with an active Florida registration.)	rgistered Agent's Sig Istered Agent. You mu	nature: st designate an individ	uaj or	
The name and the Flow	ida street address of the registered ages <u>Avel A</u> Nau	<u>conzalez</u>	•		
	2688 Sui Florida street address (P.I	0. Box NOT acceptab	C le)		
	Miceui F	Siate	TS Zip		
	2,				

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 oct in this cupacity. 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 users as provided for in Chapter 605, F.S.

(REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Name and Address:

Title: \*AMBR\* = Authorized Member "MGR" = Manager

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Place an 33178 4 Donal Place 33178 2Val FL

Giovannone Doval Place 100 Doval 57 33178

(Use attachment if necessary)

(OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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:

-1 Signeture of a member or an authorized representative of a member. ', This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. This document is executed in a document in a document in the Department of State I use aware that any files information submitted in a document in the Department of State constitutes a third degree felony as provided for in \$.\$17.155, F.S.

È DI. Typed or printed name of signee

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