

9/11/2020

L20000278423

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : DBARA CONSULTING
Account Number : I20200000145
Phone : (407)923-5866
Fax Number : (407)268-6565

****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.
AAA GROUP INVESTMENT LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
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2020 SEP 14 PM 4:48

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

AAA GROUP INVESTMENT LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

**MAILING ADDRESS: 1218 JORDAN AVE
ORLANDO, FLORIDA 32809**

**PHYSICAL ADDRESS: 1218 JORDAN AVE
ORLANDO, FLORIDA 32809**

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:

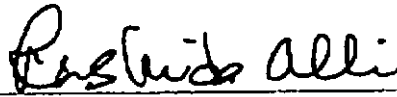
**RASHIDA ALLI
1218 JORDAN AVE
ORLANDO, FLORIDA 32809**

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..

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Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

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

"AMBR" = Manager

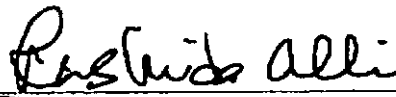
"MGRM" = Managing Member

RASHIDA ALLI -AMBR
1218 JORDAN AVE
ORLANDO, FLORIDA 32809

MAYNARD ALLI -MGRM
1218 JORDAN AVE
ORLANDO, FLORIDA 32809

ARTICLE V: Effective date, if other than the date of filing: 9-11-20

(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.



REQUIRED SIGNATURE:

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

(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.)

RASHIDA ALLI
 Typed or printed name of signee

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