

10/13/2020

Division of Corporations

L2000314957

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : ISAMAR TORRES
Account Number : I20200000137
Phone : (786)660-0108
Fax Number : (305)503-7123

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: onestopsolutionsfl@gmail.com

**FLORIDA LIMITED LIABILITY CO.
AIR MASTERS OF HOMESTEAD LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2020 OCT 14 AM 8:53

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Electronic Filing Menu

Corporate Filing Menu

Help

FAX COVER SHEET

TO	DIVISION OF CORPORATION
COMPANY	DIVISION OF CORPORATIONS
FAX NUMBER	18506176381
FROM	Jacqueline Jaime
DATE	2020-10-13 23:05:25 GMT
RE	AIR MASTERS OF HOMESTEAD LLC

COVER MESSAGE

PLEASE FIND ATTACHED THE CORRECTED FILING FEE COVERSHEET

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

MGRRAFAEL SANTAMARIA1974 SE 23RD STHOMESTEAD FL 33035

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10-19-2020 (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:**Rafael Santamaria

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.

RAFAEL SANTAMARIA

Typed or printed name of signer

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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

AIR MASTERS OF HOMESTEAD 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:1974 SE 23RD STHOMESTEAD FL 33035**Mailing Address:**1974 SE 23RD STHOMESTEAD FL 33035**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:

RAFAEL SANTAMARIA

Name

1974 SE 23RD STFlorida street address (P.O. Box **NOT** acceptable)HOMESTEAD

City

FLORIDA

State

33035

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..

Rafael Santamaria

Registered Agent's Signature (REQUIRED)

(CONTINUED)

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AIR MASTERS OF HOMESTEAD 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:

RAFAEL SANTAMARIA

Name of Person

AIR MASTERS OF HOMESTEAD LLC

Firm/Company

1974 SE 23RD ST

Address

HOMESTEAD FL 33035

City/State and Zip Code

onestopsolutionsfl@gmail.com

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

For further information concerning this matter, please call:

JACQUELINE JAIME 786 234-5250

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

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member.

"MGR" = Manager

MGR

Name and Address:

RAFAEL SANTAMARIA

1974 SE 23RD ST

HOMESTEAD FL 33035

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10-14-2020 (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:*Rafael Santamaria*

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.

RAFAEL SANTAMARIA

Typed or printed name of signer

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)

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RAFAEL SANTAMARIA

Name

1974 SE 23RD STFlorida street address (P.O. Box **NOT** acceptable)HOMESTEADFLORIDA33035

City

State

Zip

RECEIVED
OCT 14 2020
10 14 2020

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Rafael Santamaria

Registered Agent's Signature (REQUIRED)

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Firm/Company

1974 SE 23RD ST

Address

HOMESTEAD FL 33035

City/State and Zip Code

onestopsolutionsll@gmail.com

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

For further information concerning this matter, please call:

JACQUELINE JAIME

786

234-5250

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 &
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☐ \$155.00 Filing Fee &
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(additional copy is enclosed)

☐ \$160.00 Filing Fee,
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(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32311

Street Address

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The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303