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COVER LETTER

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SUBJECT:	All Americ	an Tinting, LLC					
NOBJECT.	•	Nan	ne of Limited	Liability C	lompany		-
The enclose	d Articles of	Organization and	fee(s) are sub	mitted for	filing.		
Please retur	n all correspo	ondence concerning	g this matter t	o the follo	wing:		
	Eduardo Cru	z-Rivera					
•	<u></u>	 	Na	ame of Per	son		
	All America	n Tinting, LLC					
			Fi	rm/Compa	ny		
	10478 North	cliffe Blvd.					
				Address			
	Spring Hill,	FL_34608					
a	plustint123@)gmail.com	City/St	tate and Zi	p Gode		
		E-mail address: (to	be used for fi	uture annu	al report notificati	ion)	
or further in	formation co	ncerning this matte	r, please call	:			
!	Eduardo Cru	z-Rivera	352 at (01-2377		_
_	Nam	e of Person			Daytime Telephon	e Number	
Enclosed is	a check for the	he following amou	nt:				
■ \$125.00	Filing Fee	□\$130.00 Filin Certificate of St	iatus (Certified C	Filing Fee & Copy opy is enclosed)	Certificat Certified (Filing Fee, e of Status & Copy Stopy Stopy Stopy Stopy Stopy is enclosed
	New F Division P.O. B	ng Address iling Section on of Corporations ox 6327 assee, FL 32314		Nev The 241	eet Address v Filing Section D Centre of Tallah 5 N. Monroe Stre lahassee, FL 3230	assee et, Suite 810	15 87.0

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FICLE 1 - Name: name of the Limited Liability Company is:	
All American Tinting, LLC	
(Must contain the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
mailing address and street address of the principal office	a of the Limited Lightlity Company ic:
Principal Office Address:	Mailing Address:
·	

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

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

another business entity with an active Florida registration.)

Eduardo Cruz-River	a	
	Name	
10478 Northeliffe B	lvd.	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	rceptable)
Spring Hill	FL	34608
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)

ARTICLE IV-

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

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.	MGR Eduardo Cruz-Rivera 10478 Northcliffe Blvd. Spring Hill, FL 34608 Use attachment if necessary) V: Effective date, if other than the date of filing. 1/1/2021 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records. 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 650,0203 (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. Eduardo Cruz-Rivera Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	<u> Citle:</u>	Name and Address:	
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