L21000052126

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100357907641

01/20/21--01016--020 **160.00

21 JAN 20 PH 4: 11

D O'KEEFE FEB 1 0 2021

COVER LETTER

TO: New Filing: Division of C	Section Corporations			
AMBEA	AU AC, LLC.			
SUBJECT.	Name of Li	mited Liabilit	y Company	
The enclosed Articles	of Organization and fee(s) a	re submitted t	for filing.	
Please return all corre	spondence concerning this n	natter to the fo	llowing;	
SENEQU	E AMBEAU			
		Name of I	Person	
		Firm/Con	nnanv	
2864 HIC	KORY CREEK DR	rinizedi	прапу	
	·	Addre	ss	
ORLANI	OO, FLORIDA 32818			
senequeam	beau@aol.com	City/State and	Zip Code	
	E-mail address; (to be use	d for future ar	mual report notificati	on)
For further information	concerning this matter, pleas	se call:		
SENEQUI		107	716-9998	
N			Daytime Telephone	Number
Enclosed is a check for	or the following amount:			
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifie	.00 Filing Fee & d Copy l copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Nev Div P.O	iling Address v Filing Section ision of Corporations v. Box 6327 lahassee, FL 32314	1 2	Street Address New Filing Section Di The Centre of Tallaha (415 N. Monroe Stree Tallahassee, FL 3230)	ssee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Lia	bility Company is:		
AMBEAU AC, L	1.0		
	ontain the words "Limited	Liability Company, "L.	L.C" or "LLC.")
(******			
ARTICLE II - Address:			
The mailing address and stre	et address of the principal	office of the Limited Lia	bility Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address:
2864 HICKORY	CREEK DR	2864 HI	CKORY CREEK DR
		IDO, FLORIDA 32818	
ARTICLE III - Registered (The Limited Liability Companother business entity with	any cannot serve as its own	n Registered Agent, You	must designate an individual or
The name and the Florida str	eet address of the registere	d agent are:	
	SENEQUE AMBEA	ΑÜ	
		Name	-
	2864 HCKORY CR	EEK DR	
	Florida street addre	ss (P.O. Box <u>NOT</u> acce	ptable)
	ORLANDO	FLORIDA	32818
	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..

(CONTINUED)

X Slungue Queller (REQUIRED)

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			
OWNER/Manager	SENEQUE AMBEAU		_
' J	2864 HICKORY CREEK DR ORLANDO. FLORIDA 32818		_
	OKLANDO, FLORIDA 32818		_
 	· · · · · · · · · · · · · · · · · · ·		_
			_
			-
			_
			_
			_
•			
			_
			_
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the date of	of filing: (OPTIO	NAL)	
	cific and cannot be more than five business days pr	ior to or 9	0 days after
the date of filing.) Note: If the date inserted in this block does not me	eet the applicable statutory filing requirements, this o	يم الثيب معمة	at ha listad a
the document's effective date on the Department of		rate will lit	oi de nsieu a
the document's effective date on the Department of	is state & records.		
ARTICLE VI: Other provisions, if any.			
	<u>EW AIR CONDITIONING AND HEATER IN RES</u>	<u>IDENTIAI</u>	<u>L</u>
HOMES AND COMMERCIALS			
THIS AMBEAU AC. LLC. SHALL BE PERPETU	JITYY		
DEALURED CLOV - TURE			
REOUIRED SIGNATURE:			
V Sculare	a lean		
Signature of a mer	mber or an authorized representative of a member		•
This document is execute	ed in accordance with section 605.0203 (1) (b). Florid	Ia Statutes.	
I am aware that any false	information submitted in a document to the Departme	ent of State	• •
constitutes a third degree	felony as provided for in s.817.155, F.S.		
CENTOUR AND	2.4.7.1		
<u>SENEQUE AMBI</u>	Typed or printed name of signee	-	
	Typed of printed fidure of signee	700-	53
	Filing Fees:	-	
\$125.00 Filing Fee for Articles of Org	anization and Designation of Registered Agent		J/聚 20
\$ 30.00 Certified Copy (Optional)		-	72
\$ 5.00 Certificate of Status (Optiona	al)		3
·		·	