

APR/22/2021/THU 08:50 AM

Arimir Services

FAX No. 5-015-125

P.

4/22/2021

Division of Corporations

**L21000179024**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H21000161006 3)))



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To:

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

From:

Account Name : ARIMIR SERVICES GROUP LLC  
Account Number : I20200000022  
Phone : (305)420-5722  
Fax Number : (305)643-5225

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

Email Address: meFiguevar@Hotmail.com

**FLORIDA LIMITED LIABILITY CO.  
AG HABITATS INVESTMENT LLC**

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W21-55575

APR/26/2021/MON 11:46 AM Arimir Services  
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P. 001

4/23/2021 10:52:42 AM PAGE 1/001 Fax Server



April 23, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ARIMIR SERVICES GROUP LLC

SUBJECT: AG HABITATS INVESTMENTS LLC  
REF: W21000055575

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

If you are trying to file an LLC you have completed the wrong form. You will need to complete the Articles of Organization for an LLC.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tammi Cline  
Regulatory Specialist II Supervisor

FAX Aud. #: H21000161006  
Letter Number: 921A00008419

H 21000161006

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

AG HABITATS INVESTMENT 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:Mailing Address:1866 NE 174 ST1866 NE 174 STNorth Miami Beach FL 33162North Miami Beach FL 33162

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Carlos Gonzalez

Name

1866 NE 174 STFlorida street address (P.O. Box **NOT** acceptable)North MiamiFL33162

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)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

Marlon Figueroa  
5151 Collins Ave Apt 723  
Miami Beach FL 33140

AMBR

Flor Y Mendez  
5151 Collins Ave Apt 723  
Miami Beach FL 33140

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(Use attachment if necessary)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

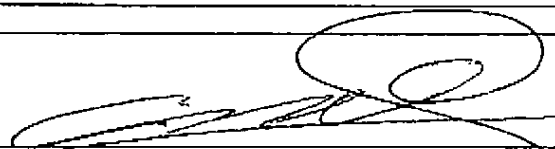
**Name and Address:**AMBRCarlos Gonzalez  
1866 NE 174 ST  
North Miami Beach FL 33162AMBRAndres Jose Alvarez  
1600 NE 1 ST Ave  
Miami FL 33132AMBRJuan Serrano  
1961 SW 33RD Ave  
Miami FL 33145AMBRSharon Farina  
1961 SW 33RD Ave  
Miami FL 33145

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 04/23/2021

. (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:**  
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.Carlos Gonzalez

Typed or printed name of signer

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FILED