

L210000244801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

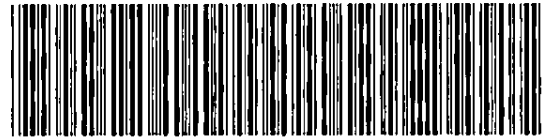
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/21/21--01023--025 \*\*125.00

ALLAHASSEE, FL



2021 MAY 21 PM 2:18

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2021 MAY 25 PM 12:05  
SPECIAL INQUIRY STATE  
TALLAHASSEE, FL

RECEIVED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 24, 2021

CAPITAL CONNECTION

SUBJECT: AVENTUS LLC  
Ref. Number: W21000075013

We have received your document for AVENTUS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 721A00011044

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

AVENTUS LLC

Signature \_\_\_\_\_

Requested by: SETH

05/25

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

FD

2021 MAY 25 PM 12:05

**ARTICLES OF ORGANIZATION FOR  
AVENTUS PROPERTIES LLC**

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE I – NAME:**

The name of the Limited Liability Company is: AVENTUS PROPERTIES LLC

**ARTICLE II – ADDRESS:**

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

Principal Office Address:

7355 SW 87<sup>th</sup> Avenue  
Suite 200  
Miami, FL 33173

Mailing Address:

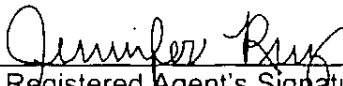
7355 SW 87<sup>th</sup> Avenue  
Suite 200  
Miami, FL 33173

**ARTICLE III – REGISTERED AGENT:**

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

RUZ & RUZ PL  
7355 SW 87 Ave  
Suite 200  
Miami, FL 33173

*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

**ARTICLE IV – AUTHORIZED PERSONS:**

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

Title  
MGR

Name & Address  
Javier Rodriguez Borgio Acosta  
c/o Ruz & Ruz PL  
7355 SW 87<sup>th</sup> Avenue  
Suite 200  
Miami, FL 33173

Title  
MGR

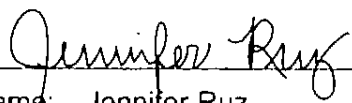
Name & Address  
Jaime Ortiz  
c/o Ruz & Ruz PL  
7355 SW 87<sup>th</sup> Avenue  
Suite 200  
Miami, FL 33173

**ARTICLE V – EFFECTIVE DATE:**

The effective date of these Articles of Organization is the date of filing.

**REQUIRED SIGNATURE:**

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.

  
Name: Jennifer Ruz

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