

6/4/2021

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**FLORIDA LIMITED LIABILITY CO.  
AROIS CONSTRUCTION AND ENGINEERING, LLC**

Certificate of Status	0
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Estimated Charge	\$155.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

AROIS CONSTRUCTION AND ENGINEERING, 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:5030 SW 94TH WAY  
COOPER CITY, FL. 333285030 SW 94TH WAY  
COOPER CITY, FL. 33328

## 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:

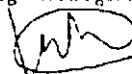
ISMAEL JUNCOS MONTEAGUDO

Name

5030 SW 94TH WAYFlorida street address (P.O. Box ~~NOT~~ acceptable)

<u>COOPER CITY</u>	<u>FL</u>	<u>33328</u>
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.*




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 Registered Agent's Signature (REQUIRED)

(CONTINUED)

 11:45 AM  
 JUN 4 2021  
 PM 2:02

**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:**AMBRCARMEN OSORIO  
5030 SW 94TH WAY  
COOPER CITY, FL. 33328AMBRJAI ME H. ARBELAEZ  
5030 SW 94TH WAY  
COOPER CITY, FL. 33328AMBRISMAEL JUNCOS MONTEAGUDO  
5030 SW 94TH WAY  
COOPER CITY, FL. 33328

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: N/A (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.N/A**REQUIRED SIGNATURE:**X

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, P.S.

ISMAEL JUNCOS MONTEAGUDO

Typed or printed name of signer

FILED  
JUN 04 2021  
PM 2:02