

LA1000292428

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

(11210002096533)



11210002096533ABC

Note: DO NOT hit the REFRESH RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : LVM ACCOUNTING SERVICES, INC.
Account Number : 120200800106
Phone : (561)927-7157
Fax Number : (561)990-5571

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

Email Address: info@lvmaccounting.net

FLORIDA LIMITED LIABILITY CO.
ART HOME REPAIR SERVICES LLC

Certificate of Status	1
Certified Copy	0
Page Count	06
Estimated Charge	\$130.00

Please include original date. Moore Re-Bixing.
Luc 6/24/21

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ART HOME REPAIR SERVICE LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARTUR EGHAZARIAN

Name of Person

Firm Company

5701 NW 2ND AVE APT 114

Address

BOCA RATON, FL 33487

City, State and Zip Code

ZEPELINSKY@MAIL.RL

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

ARTUR EGHAZARIAN

Area Code

Daytime Telephone Number

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$2160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ART HOME REPAIR SERVICE 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:

5701 NW 2ND AVE APT 114

BOCA RATON, FL 33487

Mailing Address:

5701 NW 2ND AVE APT 114

BOCA RATON, FL 33487

ARTICLE III - Registered Agent, Registered Office, & 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:

ARTHUR EGIAZARIAN

Name

5701 NW 2ND AVE APT 114

Florida street address (P.O. Box **NOT** acceptable)

BOCA RATON

FL

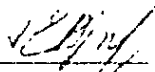
33487

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)

2021 JUN 23 PM 12:54
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

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

MGR _____

ARTUR EGIAZARIAN
5701 NW 2ND AVE APT 114
BOCA RATON, FL 33487

(Use attachment, if necessary.)

2021 JUN 23 PM 12:56

219

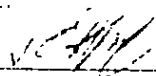
ARTICLE V: Effective date, if other than the date of filing: 05/25/2021 (OPTIONAL)

(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 605.0205 (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.

ARTUR EGIAZARIAN

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)