L21000295291

(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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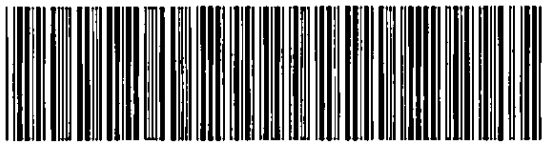

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Cover Letter

To: New Filing Section
Division of Corporations

SUBJECT: AR Legal Aid, LLC.

Amaury Luis Rodriguez

AR Legal Aid, LLC.

16050 SW 173rd Ave.

Miami, FL 33187

ARLegalAid@gmail.com

For further infomation concerning this matter, Please call:
Amaury Luis Rodriguez at (786) 560-9041

Enclosed is a check for the following amount:
$160.00 Filing Fee,
Certificate of Status and
Certified Copy

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ARTICLE I - Name:

The name of the Limited Liability Company is:

AR Legal Aid, LLC.

ARTICLE II - Address:

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

Principal Office Address:
16050 SW 173rd Ave.
Miami, FL 33187

Mailing Address:
16050 SW 173rd Ave.
Miami, FL 33187

ARTICLE III - Registered Agent, Registered Office, and Registered Agent's Signature:

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

Amaury Luis Rodriguez
16050 SW 173rd Ave.
Miami, FL 33187

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Having been named as registered agent and to accept Service of Process for the above stated limited liability company at the place ~~desg~~ 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.

ARTICLE IV

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

Title:	Name and Address:
Authorized Member and Manager	Amaury Luis Rodriguez 16050 SW 173rd Ave. Miami, FL 33187

ARTICLE V: Effective date, if other than the date of filing: N/A. (OPTIONAL)

ARTICLE VI: Other provisions, if any.

None

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SIGNATURE:

Amaury Rodriguez

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.

Amaury Luis Rodriguez

Typed or Printed name of signee