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Special Instructions to	Filing Officer:	
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2021 JUL 19 For to

### **COVER LETTER**

	New Filing Sec Division of Co							
SUBJEC	AXN Hom	e Designs LLC						
SOBILE	··	Na	me of Lii	mited Liabil	ity Company			
The enclo	osed Articles of	Organization and	fee(s) as	re submitted	I for filing.			
Please ret	turn all correspo	ondence concerni	ng this m	atter to the	following:			
	Xelny Rios							
				Name of	Person			
	AXN Home	Designs LLC						
			<del><u>.</u></del>	Firm/Co	ompany		Ė	202
	2343 SW A	minar St					- -	
			, <u>-</u>	Addı	ress		••	-
	Port Saint L	ucie, FL 34953					-	بحر س
			(	City/State ar	nd Zip Code			· :Ξ
		signs@outlook.c						(-
		E-mail address: (t	o be used	for future	annual report notificati	on)		
For further	information co	ncerning this mat	ter, pleas	e call:				
	Xelny Rios		7 at (	<b>7</b> 2	8289321			
	Nam	e of Person		Area Code	Daytime Telephon	e Number		
Enclosed	is a check for t	he following amo	unt:					
□\$125.0	00 Filing Fee	\$130.00 Fili Certificate of !		Certif	5.00 Filing Fee & ied Copy ial copy is enclosed)	■\$160.00 Fi Certificate of Certified Cop (additional cop	Status &	ed)
		ng Address			Street Address	ívicion		
		iling Section on of Corporation	ıS		New Filing Section D The Centre of Tallaha	issee		
		30x 6327			2415 N. Monroe Stre	et, Suite 810		

Tallahassee, FL 32314

Tallahassee, FL 32303

#### AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liab	ility Company is:		
AXN Home Desig	ns H.C		
	onatin the words "Limited L	iability Compan	y, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
he mailing address and stree	t address of the principal of	fice of the Limit	ed Liability Company is:
Princ	ipal Office Address:		Mailing Address:
2343 SW Alminar	St	23	43 SW Alminar St
Port Saint Lucie, I	FL 34953	Po	ort Saint Lucie, FL 34953
The Limited Liability Compa mother business entity with a	iny cannot serve as its own in active Florida registration et address of the registered	Registered Agen 1.)	gent's Signature: L. You must designate an individual or
The Limited Liability Compa nother business entity with a	iny cannot serve as its own in active Florida registration	Registered Agen	
The Limited Liability Compa mother business entity with a	iny cannot serve as its own in active Florida registration et address of the registered	Registered Agen 1.)	
The Limited Liability Compa nother business entity with a	iny cannot serve as its own in active Florida registration of address of the registered   Xelny Rios  2343 SW Alminar St	Registered Agen  n.)  agent are:  Name	t. You must designate an individual or
ARTICLE III - Registered A The Limited Liability Compa inother business entity with a The name and the Florida stre	iny cannot serve as its own in active Florida registration of address of the registered Xelny Rios	Registered Agen  n.)  agent are:  Name	t. You must designate an individual or
The Limited Liability Compa inother business entity with a	iny cannot serve as its own in active Florida registration of address of the registered   Xelny Rios  2343 SW Alminar St	Registered Agen  n.)  agent are:  Name	t. You must designate an individual or

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..

Régistered Agent's Signature (REQUIRED)

(CONTINUED)

2021 JÜL 19 FE I; L

#### ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Me	nber	
"MGR" = Manager		
AMBR	Xelnv Rios	
	2343 SW Alminar St	
	Port Saint Lucie, FL 34953	
AMBR	Nelson Rios-Perez	
(MIDIC		•
	2343 SW Alminar St Port Saint Lucie, FL 34953	
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nn effective date is listed, the dat date of filing.)	•	
		<del></del>
REQUIRED SIGNATUR		
$V_{\rho}V_{\uparrow}$	19 - i-1	
- AAA	ture of a member or an authorized representative of a member.	
	ont 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	that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S.	
constitutes	that any false information submitted in a document to the Department of State	

# 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)

## COVER LETTER

то:	New Filing Section Division of Corporations	;					
CHIDIE	AXN Home Designs						
SOBJEC	-1	Name of Lin	nited Liabil	ity Company	-		
The encl	osed Articles of Organizat	ion and fee(s) are	e submitted	for filing.			
Please re	turn all correspondence co	ncerning this me	atter to the i	ollowing:			
	Xelny Rios						_
			Name of	Person			
	AXN Home Designs I.	LC					_
			Firm/Co	mpany	- <del></del>	<del>) -</del>	787
	2343 SW Alminar St					-	70C 1287
			Addı	ess		•	-5
	Port Saint Lucie, FL 3-	1953				·	<del>-</del>
	AXNHomedesigns@ou		Tity/State ar	d Zip Code			#.
	· -		for future	nnual report notificati	on)		-,-
For furthe	r information concerning t	nis matter, pleas	e call:				
	Xelny Rios	77 at (	72	8289321			
	Name of Perso		rea Code	Daytime Telephon	e Number		
Enclosed	l is a check for the following	ng amount:					
	00 Filing Fee □\$130.		Certif	5.00 Filing Fee & ed Copy al copy is enclosed)	S160.00 F Certificate of Certified Co (additional co	of Status &	Û.
	Mailing Address New Filing Section Division of Corp P.O. Box 6327	on		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre	issee		

Tallahassee, FL 32303

Tallahassee, FL 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED IJABILITY COMPANY

TICLE II Addange		hability Company.	"L.L.C.," or "LLC.")	
TICLE II - Address: mailing address and stre	eet address of the principal of	fice of the Limited	Liability Company is:	
	ncipal Office Address:		Mailing Addres	: <u>s</u> :
		22.12	S SW Alminay St	
2343 SW Almina			S SW Alminar St Saint Lucie, FL 34953	
Port Saint Lucie.	. FL 34953	<u>1011</u>	Saint Edele, LE 24775	
imited Liability Comp business entity with	Agent, Registered Office, & pany cannot serve as its own lan active Florida registration rect address of the registered	Registered Agent. ` 1.)	it's Signature: You must designate an indiv	idual or
ELimited Liability Comp her business entity with	pany cannot serve as its own land active Florida registration	Registered Agent. ` 1.)	You must designate an indiv	vidual or
e Limited Liability Comp ther business entity with	pany cannot serve as its own an active Florida registration reet address of the registered  Xelny Rios  2343 SW Alminar St	Registered Agent. \ 1.) agent are: Name	You must designate an indiv	
e Limited Liability Comp ther business entity with	pany cannot serve as its own lan active Florida registration reet address of the registered  Xelny Rios	Registered Agent. \ 1.) agent are: Name	You must designate an indiv	
e Limited Liability Comp ther business entity with	pany cannot serve as its own an active Florida registration reet address of the registered  Xelny Rios  2343 SW Alminar St	Registered Agent. \ 1.) agent are: Name	You must designate an indiv	

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Manager  AMBR  Xelny Rios 2343 SW Alminat St. Port Saint Lucie. FL 34953  AMBR  Nelson Rios-Perez. 2343 SW Alminat St. Port Saint Lucie. FL 34953  AMBR  Nelson Rios-Perez. 2343 SW Alminat St. Port Saint Lucie. FL 34953  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing: Port Saint Lucie. FL 34953  (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the of filing.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REOURED 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 Statute I an 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.  Xelny Rios  Typed or printed name of signee.	**MGR** = Manager  **AMBR**  **Xelny Rios** 2343 SW Alminar St. Port Saint Lucie. FL 34953  **AMBR**  **Nelson Rios-Perez. 2343 SW Alminar St. Port Saint Lucie. FL 34953  **AMBR**  **Nelson Rios-Perez. 2343 SW Alminar St. Port Saint Lucie. FL 34953  **OPTIONAL**  **OP	11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Name and Address:
AMBR    Selson Rios-Perez	AMBR    Nelson Rios-Perez   2343 SW Alminar St   23		ember
(Use attachment if necessary)  (OPTIONAL)  effective date, if other than the date of filing:	(Use attachment if necessary)  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	"MGR" = Manager	
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after to of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 603.0203 (1) (b), Florida Statute Lan aware that any false information submitted in a document to the Department of State	(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste cument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REOURED 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 Statute Lan aware that any false information submitted in a document to the Department of State	AMBR	Xelny Rios
AMBR    Nelson Rios-Perez   2343 SW Alminar St   Port Saint Lucie, FL 34953	(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 603.203 (1) (b). Florida Statute Lan aware that any false information submitted in a document to the Department of State		2343 SW Alminar St
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		Port Saint Lucie, FL 34953
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		n e n e
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	AMBR	Nelson Rios-Perez
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		Port Saint Lucie, FL 34953
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Typed or printed name of signee  Lain 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.  Xelny Rios	Tain 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.     Xelny Rios   Typed or printed name of signee   Constitution   Constit	CLE V: Effective date, if othe effective date is listed, the date of filing.)  If the date inserted in this blocument's effective date on the CLE VI: Other provisions, if a REOURED SIGNATURED SIGNATURE.	er than the date of filing:
Xelny Rios  Typed or printed name of signee	Xelny Rios  Typed or printed name of signee	CLE V: Effective date, if othe effective date is listed, the date of filing.)  If the date inserted in this blocument's effective date on the CLE VI: Other provisions, if a REOUIRED SIGNATULE Signature.	cer than the date of filing:
Xeiny Rios  Typed or printed name of signee	Xelny Rios  Typed or printed name of signee	CLE V: Effective date, if othe effective date is listed, the date of filing.)  If the date inserted in this blocument's effective date on the CLE VI: Other provisions, if a REOUIRED SIGNATULE Signature of the same awar and awar are selected as a war awar and awar are selected as a war awar and a selected as a war awar as a selected as a war awar awar as a selected	cer than the date of filing:
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	. Mos or kritten manne in militare	CLE V: Effective date, if other effective date is listed, the date of filing.)  If the date inserted in this blocument's effective date on the CLE VI: Other provisions, if a Sign This document are determined in the second of the constitute.	cer than the date of filing:

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)