

W21000378207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

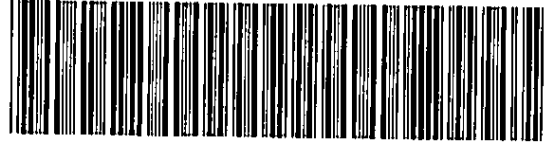
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W21000105582

Office Use Only



600369828866

07/26/21--01008--024 **100.00

07/26/21--01008--025 **25.00

FILED
2021 AUG 23 PM 12:08
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2021

ANTONIO ALVAREZ
14254 NW 83RD PLACE
MIAMI, FL 33016

SUBJECT: SHIFT VENTURES, LLC
Ref. Number: W21000105582

2021 AUG 23 PM 2:45

We have received your document for SHIFT VENTURES, 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 form you sent in is still not the correct form. Since it has been more than 120 days since the voluntary dissolution was filed, you will need to fill out a new set of articles of organization. I will include the proper form for you to do that. Please send the form back into our office so that we can get it filed for you. We already have the \$125 dollars.

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.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 321A00017514

FILED
2021 AUG 23 PM 12:08
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2021

ANTONIO ALVAREZ
14254 NW 83RD PLACE
MIAMI, FL 33016

SUBJECT: SHIFT VENTURES, LLC
Ref. Number: L17000153704

FILED
2021 AUG 23 PM 12:00
TALLAHASSEE, FLORIDA

We have received your document for SHIFT VENTURES, LLC and your check(s) totaling \$35.00. 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 a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, 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) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 921A00014979

Money sent
to be validated.
8/25/23

Hello,
Shift is owned by me, need to
reinstale this LLC. I have paid a
few fines but apparently I've been
using incorrect forms. Please see
attached new correct forms; thank
you.

Tony N.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Sh.H Ventures, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Antonio Alvarez
Name of Person

Firm/Company

6964 Sw 151 st
Address

Miami FL 33158
City/State and Zip Code

~~DR~~ DRTALVAREZ@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antonio Alvarez at (305) 3089696
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 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

FILED
2021 AUG 23 PM 12:08
TALLAHASSEE, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Shift Ventures, 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:

6964 Sw 151st
Miami, FL 33158

Mailing Address:

6964 Sw 151st
Miami, FL 33158

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:

Amro Alvarez
Name
6964 Sw 151st
Florida street address (P.O. Box **NOT** acceptable)
Miami, FL 33158
City State Zip

2021 AUG 23 PM 12:08
FILED
TALLAHASSEE, FLORIDA

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..

CA
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Antonio Alvarez
6964 SW 151 St
Miami, FL 33158

FILED
2021 AUG 23 PM 12:08
CLERK OF COURT
STATE OF FLORIDA

FILED

(Use attachment if necessary)

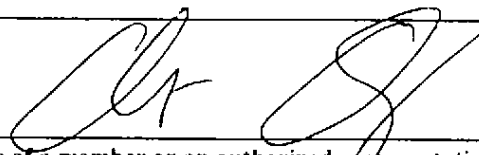
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 605.0203 (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.

Antonio Alvarez

Typed or printed name of signee

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)