

W21 000 420052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

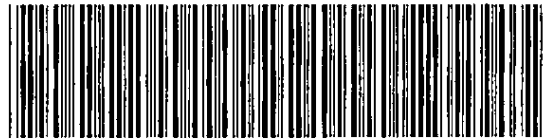
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W21000028199

Office Use Only



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2021 AUG 6 PM 12:52

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[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2021

RAQUEL MOONEY
1394 SANIBEL LANE
MERRITT ISLAND, FL 32952 US

SUBJECT: AVARTIC LLC.
Ref. Number: W21000028199

We have received your document for AVARTIC LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

The designation of the registered agent must be at a Florida street address.

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.

SHAMIYA M HARRIS
Regulatory Specialist II

Letter Number: 021A00004364

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TALLAHASSEE, FL

To whom it may concern.

Document Number W21000028199

Under ARTICLE IV - "Title" we did not
state "MANAGEE" the first time filing.

We have corrected the error and attached it
to this sheet.

Shamiya

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ST. LOUIS, MO
CLERK OF COURT

2021 AUG 16 PM 4:42

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: **Avartic 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:

Raquel Mooney

Name of Person

Avartic LLC.

Firm/Company

1394 Sanibel Lane

Address

Merritt Island, FL, 32952

City/State and Zip Code

info@avartic.com

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

For further information concerning this matter, please call:

Raquel Mooney at **619** **3217493**

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)

☐ \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Avartic 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:

1394 Sanibel Lane

Merritt Island fl 32952

Mailing Address:

1394 Sanibel Lane

Merritt Island fl 32952

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:

Northwest Registered Agent LLC

Name

7901 4th St N STE 300

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

St. Petersburg

FL

33702

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..

Tom Glone

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

Manager _____

RAQUEL Mooney _____

1394 Sanibel Lane, Merritt Island, FL 32952 _____

RAQUEL Mooney _____

(Use attachment if necessary)

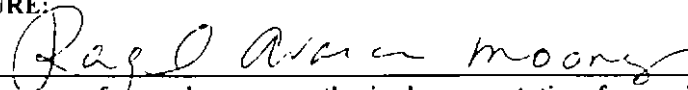
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Raquel Mooney _____

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)

2011 AUG 16 PM 12:53
CLERK ASSOCIATE

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