

L21000459854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

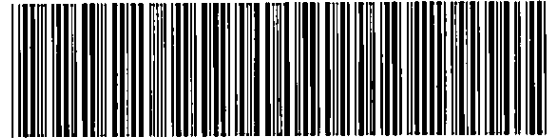
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

10/22/21

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AKASIA BD&S, 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:

GUSTAVO (GUS) CAMPOS

Name of Person

U G AKASIA GROUP, LLC

Firm Company

5930 NW 99 AVE UNIT 6

Address

DORAL, FL 33178

City State and Zip Code

PROCESSOR@AKASIAGROUP.COM

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

For further information concerning this matter, please call:

GUS CAMPOS 305 420-6453
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount

\$28,225.00 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:

AKASIA BD&S, 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:

Mailing Address:

c/o AKASIA
5930 NW 99 AVE UNIT 6
DORAL, FL 33178

c/o AKASIA
5930 NW 99 AVE UNIT 6
DORAL, FL 33178

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:

GUSTAVO CAMPOS

Name

5930 NW 99 AVE UNIT 6

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

DORAL

FL

33178

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 on 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 regarding 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 607, F.S.


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:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" - Authorized Member	
"MGR" - Manager	
AMBR	AKASHA GROUP, LLC 5930 NW 99 AVENUE G DORAL, FL 33178
MGR	GUSTAVO A. CAMPOS 5930 NW 99 AVENUE G DORAL, FL 33178
MGR	PAOLA X. CAMPOS 5930 NW 99 AVENUE G DORAL, FL 33178

(Use attachment if necessary.)

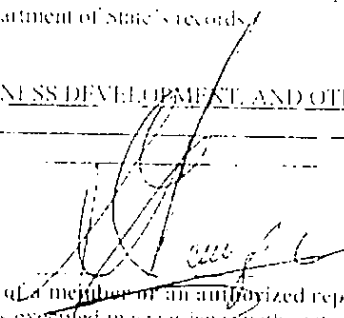
ARTICLE V: Effective date, if other than the date of filing, 10/01/2021 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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

AKASHA BIDS WILL PROVIDE BUSINESS DEVELOPMENT, AND OTHER INTEGRATED SERVICES.

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.

GUSTAVO A. CAMPOS
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)