## 

| (                    | 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:      |
|                      |                         |
|                      |                         |
|                      |                         |
|                      |                         |





10/29/21--01027--002 \*\*160.00







## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Company is:   |  |
|---|--|
| A TOYS FACTORY, LLC   |  |
| (Must contain the words "Limited Liabi  | lity 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:   |
| 5574 NW 79TH AVENUE   | 5574 NW 79AVENUE   |
| MIAMI FLORIDA 33166   | MIAMI FLORIDA 33166  |
| ARTICLE III - Registered Agent, Registered Office, & Re<br>(The Limited Liability Company cannot serve as its own Regi<br>another business entity with an active Florida registration.) | egistered Agent's Signature:<br>istered Agent, You must designate an individual or |
| The name and the Florida street address of the registered ager  | nt are:  |
| JAVIER ROMERO   |  |
| · Nar   | me   |

5574 NW 79TH AVENUE Florida street address (P.O. Box NOT acceptable)

**FLORIDA** 33166 MIAMI Zip State City

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 l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

| "AMBR" = Manager  MGR  MGR  JAVIER ROMERO  5574 NW 79TH AVENUE  MIAMI FLORIDA 33166  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing: 10/27/2021 (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or te of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will seument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REOUIRED 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 Statut 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. |             |
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|  |             |
|  |             |
| JAVIER ROMERO  |             |
| Typed or printed name of signee  |             |
| ·,,r ··· <b>r</b> ·····  |             |
| Filing Fees:   | 2021 001    |
| S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  | 21          |
|  | 2           |

S 5.00 Certificate of Status (Optional)

021 OCT 29 PM 9: 20

19-45 P