# L21000 471531

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer

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### 12905 SW 42 STREET Suite: 210 MIAMI, FL 33175 Phone: 305-444-4994

Email: filing@ecfsfiling.com

Office Use	Only

## CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

A25 Investme	ents LC
(CORPORATE NAME)	(DOCUMENT #)
(CORPORATE NAME)	(DOCUMENT #)
(CORPORATE NAME)	(DOCUMENT #)
Walk-In X Pick up time:	Certified Copy Certificate Of Status

,	New Filings
	Profit
	Non-Profit
X	Limited Liability
[	Other:

Amendments
Amendments
Resignation
Dissolution/Withdrawal
Other:

Cother Filings
Annual Report
Fictitious Name
Apostille:
Other:

Examiners Initials

13053284774

Mailing Address:

From: Yanet Avila

dotloop signature verification; .htp ಕರ್ನಾಕೀಟೆ mKOಸಿ ೪೮೭೪

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

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

#### AZS INVESTMENTS 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:

	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
520 BRICKELL KEY DR	
#A1619	SAME
MIAMI, FL 33131	

#### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

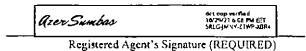
Principal Office Address:

(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:

AZER SUMBAS		
•	Name	
520 BRICKELL KE	Y DR # A1619	
Florida street addre	ss (P.O. Box <u><b>NOT</b></u> a	cceptable)
MIAMI	FL	33131
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..



(CONTINUED)

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

Page: 04 of 36

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ARTICLE IV-

"AMBR" = A "MGR" = Ma	uthorized Memb nager	Name and Address:
AMBR		AZER SUMBAS 520 BRICKELL KEY DR # A1619 MIAMI, FL 33131
AMBR		IBRAHIM HALDUN SUMBAS 520 BRICKELL KEY DR # A1619 MIAMI, FL 33131
MGR	<u></u>	GULCIN MORELLO 520 BRICKELL KEY DR # A1619 MIAMI. FL 33131
(Use attachme	nt if necessary)	
LEV: Effective date is lof filing.) If the date inserument's effective	e date, if other that isted, the date in ed in this block	n the date of filing:
LEV: Effective date is lof filing.) If the date inserument's effective	e date, if other that isted, the date used in this block we date on the De	ust be specific and cannot be more than five business days prior to or 90 da does not meet the applicable statutory filing requirements, this date will not be
LE V: Effective fective date is l of filing.) f the date inser ament's effective LE VI: Other page	e date, if other that isted, the date used in this block we date on the De	ust be specific and cannot be more than five business days prior to or 90 da does not meet the applicable statutory filing requirements, this date will not be
LE V: Effective fective date is l of filing.) f the date inser ament's effective LE VI: Other page	e date, if other that isted, the date in this block we date on the Decovisions, if any.  SIGNATURE:  Signature This document am aware that	nust be specific and cannot be more than five business days prior to or 90 da does not meet the applicable statutory filing requirements, this date will not be partment of State's records.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)