

L21000495979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

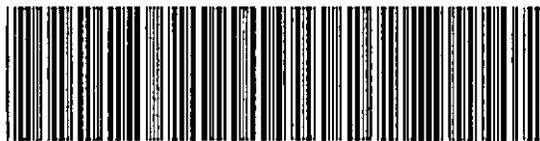
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700376568507

11/15/21--01023--025 \*\*155.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 NOV 15 PM 2:32

FILED

T BURCH  
NOV 19 2021

✓



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A.2 Enterprise 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:**

13707 Trinity Leaf Place  
Riverview FL 33579

13707 Trinity Leaf Place  
Riverview FL 33579

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:

Ysabel Mangual

Name

13707 Trinity Leaf Place

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

Riverview                      FL                      33579

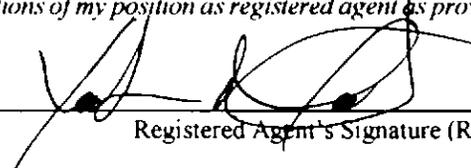
City                              State                              Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 NOV 15 PM 2:32

FILED

*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.*

  
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:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR \_\_\_\_\_

Ysabel Mangual  
13707 Trinity Leaf Place  
Riverview FL 33579

AMBR \_\_\_\_\_

Dorian Mangual  
13707 Trinity Leaf Place  
Riverview FL 33579

MGR \_\_\_\_\_

Alek Mangual  
13707 Trinity Leaf Place  
Riverview FL 33579

MGR \_\_\_\_\_

Isany Mangual  
13707 Trinity Leaf Place  
Riverview FL 33579

2021 NOV 15 PM 2:32  
SECRETARY OF STATE  
TALLAHASSEE 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.

Ysabel Mangual  
\_\_\_\_\_  
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)