L21000523225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

T. BURCH
DEC 14 2021

COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: Asset Group 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:

Andres Iviza
Name of Person

Asset Group llc. "DR" Andres Iviza
Firm/Company

20301 W Country club dr # 1530
Address

Aventura, fl 33180
City/State and Zip Code

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

For further information concerning this matter, please call:

Andres Iviza at (786) 580 2872
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- [X] $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

12-8-2021

To whom it may concern

this letter is to advise you to fully close the inactive Entity of:

Asset Group LLC Doc # L19000094125

we will no longer use that company, so p
Close and release that name.
we will not reinstate that company.
instead we will open a new one with th
Same name. "Asset Group LLC", we have
attached the application and fee of $125

Thank you very much.

Andres Torza
Maritza Marin
Doralba Marin

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Asset Group 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:**
20301 W country club dr	20301 W country club dr
# 1530	# 1530
Aventura, Fl 33180	Aventura, FL 33180

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:

Andres Lurza
Name

20301 W country club dr #1530
Florida street address (P.O. Box **NOT** acceptable)

Aventura FL 33180
City State Zip

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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	
"AMBR"	Andres Lorza. 20301 W country club dr #153 Aventura, FL 33180
"MGR"	Maritza Marin 20301 W country club dr #153 Aventura FL 33180
"MGR"	Duraba Marin 20301 W country club dr #15 Aventura, FL 33180

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing. 12-9-2021 (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.

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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.

Andres Lorza.
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)