

L220000012159

(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



200379454562

2022 JAN 11 PM 3:25

FILED

TALLAHASSEE, FL

FILED  
2022 JAN 11 PM 1:48  
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

---

**PLEASE USE FUNDS FROM ACCT : 120210000160 AMOUNT : : \$160.00**

**Authorized Signature:**  
**AEVG SERVICES, LLC**

*James R. Latta*

---

**Business Name**

**Document Number**

☒ **Certified copy of original articles and any amendments**

☐ Pick up time ☐

☒ **Certificate of Status**

☐ Will wait

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☒ Limited Liability  
  
☐ Domestication  
☐ CONVERSION  
☐ CORP

**AMMENDMENTS**

☐ Amendment  
☐ Resignation of R.A.  
Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger  
☐ **Correction**

**OTHER FILINGS**

☐ Annual Report  
  
☐ Fictitious Name  
  
☐ APOSTIL (

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement  
☐ **Declaration**

\_\_\_\_\_ **Country**

☐ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

**COVER LETTER**

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

**SUBJECT:** AEVG SERVICES, 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:

ARDICIO GALVAO  
Name of Person

AEVG SERVICES, LLC  
Firm/Company

4611 S. UNIVERSITY DRIVE, STE 120  
Address

DAVIE, FL 33328  
City/State and Zip Code

ardiciovg@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARDICIO GALVAO      954      895-6902  
Name of Person      at (      )      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

AEVG SERVICES, 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:

4611 S. UNIVERSITY DR.  
STE 120  
DAVIE, FL 33328

Mailing Address:

4611 S. UNIVERSITY DR.  
STE 120  
DAVIE, FL 33328

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:

ARDICIO GALVAO

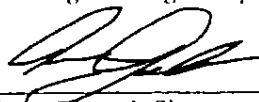
Name

4611 S. UNIVERSITY DR., STE 120

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

<u>DAVIE</u>	<u>FL</u>	<u>33328</u>
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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**FILED**  
2022 JAN 11 PM 1:48  
STATE OF FLORIDA  
TALLAHASSEE, FL

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

ARDICIO GALVAO

4611 S. UNIVERSITY DR., STE 120

DAVIE, FL 33328

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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 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.

ARDICIO GALVAO

\_\_\_\_\_  
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)