

Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : ACMGMT, LLC  
Account Number : I20220000028  
Phone : (305)779-9160  
Fax Number : (786)541-0020

*Handwritten signature*  
2/11/22

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: ABBIGAIL@DODGEMIAAMI.COM

**FLORIDA LIMITED LIABILITY CO.  
ATLANTIC NY AGV, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
ATLANTIC NY AGV, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is **Atlantic NY AGV, LLC**.

**ARTICLE II - Duration:**

The effective date for filing of these Articles with the Florida Department of State shall be February 10, 2022. The period of duration for the Limited Liability Company shall begin on February 10, 2022, and shall exist perpetually, unless sooner dissolved in accordance with the Operating Agreement of the Limited Liability Company or Florida law.

**ARTICLE III - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is 5875 N.W. 163rd Street – Suite 104, Miami Lakes, Florida 33014.

**ARTICLE IV - Registered Agent:**

The name and address of the initial registered agent for this Limited Liability Company is Abbigail Webb, 5875 N.W. 163<sup>rd</sup> St., Suite 105, Miami Lakes, Florida 33014.

**ARTICLE V - Management:**

The Limited Liability Company is to be managed by one or more managers, and the name and address of the initial manager who is to serve as manager is:


Ali Ahmed  
5875 N.W. 163rd Street  
Suite 104  
Miami Lakes, Florida 33014

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The manager(s) of this Limited Liability Company: (i) may be replaced by the members, and (ii) shall be elected by the members, as provided for in the Operating Agreement of this Limited Liability Company.

Whereof, the undersigned has executed these Articles the 10th day of February, 2022.



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Abbigail Webb, Esq.  
Authorized Representative of Member

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE  
STATE OF FLORIDA.

- 1 The name of the Limited Liability Company is:

**Atlantic NY AGV, LLC**

2. The name and address of the registered agent and office is:

Abbigail Webb, Esq.  
5875 N.W. 163<sup>rd</sup> St., Suite 105  
Miami Lakes, Florida 33014

By: Abbigail Webb  
Abbigail Webb, Esq.

*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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the undersigned is familiar with and accepts the obligations of its position as registered agent.*

Abbigail Webb February 10, 2022  
Abbigail Webb, Esq. (Signature) (Date)

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