

L22000093156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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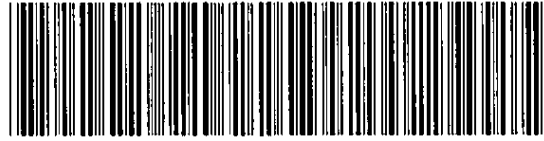
(Business Entity Name)

(Document Number)

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2022 MAR -4 AM 10:49  
STATE OF FLORIDA  
ALLAHASSEE, FL

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FLORIDA RESEARCH & FILING SERVICES, INC.

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PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

1. V8 FACTORY, LLC

PLEASE RETURN A STAMPED COPY & A CERTIFICATE OF GOOD STANDING

CHECK# 9199      FOR: \$130.00

THANK YOU!



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

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V8 FACTORY LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

13824 SW 139th Court  
Miami, FL, 33186

16 00 Ponce de Leon Blvd., Ste 901  
Coral Gables, FL, 33134

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:

ALEXEI OSNOVIKOFF  
Name

13824 SW 139th COURT  
Florida street address (P.O. Box **NOT** acceptable)

MIAMI                      FL                      33186  
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)

**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

ALEXEI OSNOVIKOFF  
7291 SW 129th ST.  
MIAMI, FL. 33156

MGR

CRISTIAN UNDURRAGA  
12855 SW 57th AVE  
CORAL GABLES, FL. 33156

MGR

GREGORIO ASTURI  
13824 SW 139TH COURT  
MIAMI, FL. 33186

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MIAMI ASSIST. FL  
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: MARCH 2, 2022 (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.

MOTOR VEHICLE FACTORY, AUTOPARTS SALES, PURCHASES, ANY ANY LEGAL RELATED BUSINESS.

**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, P.S.

ALEXEI OSNOVIKOFF  
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)