

# L22060137693

Florida Department of State  
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Division of Corporations  
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Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP  
Account Number : I20190000020  
Phone : (786)953-7449  
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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

**FLORIDA LIMITED LIABILITY CO.  
AMERICAN FIRST RESORATION LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2022 APR -4 AM 8:54

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**Articles of Organization  
For  
Florida Limited Liability Company**

**The undersigned company, for the purpose of forming a Florida limited liability company, hereby adopts the following Article of Organization:**

**Article I**

**The name of the limited liability company is:  
AMERICAN FIRST RESTORATION LLC**

**Article II**

**The street address of the principal office of the Limited Liability Company is:  
1235 FAIRLAKE TRACE APT 505  
WESTON, FL. 33326**

**The mailing address of the Limited Liability Company is:  
1235 FAIRLAKE TRACE APT 505  
WESTON, FL. 33326**

**Article III**

**Other provisions, if any:  
ANY AND ALL LAWFUL BUSINESS.**

**Article IV**

**The name and Florida street address of the registered agent is:  
KATHERINE BASTIDAS  
1235 FAIRLAKE TRACE APT 505  
WESTON, FL. 33326**

**Having been named as a registered agent and to accept service of process of 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.**

**Registered Agent Signature:** Katherine Bastidas

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**Article V**

**The name and address of person(s) authorized to manage the LLC:**

**Title: AMBR  
KATHERINE BASTIDAS  
1235 FAIRLAKE TRACE APT 505  
WESTON, FL. 33326  
50% MEMBER**

**Signature:** Katherine Bastidas

**Title: AMBR  
NICOLE KRANWINKEL  
1235 FAIRLAKE TRACE APT 505  
WESTON, FL. 33326  
50% MEMBER**

**Article VI**

**The effective date of this Limited Liability Company Shall be:**

**04/04/2022**

**Signature of member or an authorized representative:**

**Signature:** Nicole Kranwinkel

**I am a member or authorized representative submitting these Articles of organization and affirm that the facts state herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provide for in S.817.155, F.S. I understand the requirement to file an annual report between January 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following the formation of the LLC and every year thereafter to maintain "active" status.**

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