

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000139877 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone

Fax Number : (305)675-5944

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

Email	Address	:	 	 	

## FLORIDA LIMITED LIABILITY CO. AVP CARPENTRY LLC.

8

Certificate of Status	1		
Certified Copy	0		
Page Count	03		
Estimated Charge	\$130.00		

Electronic Filing Menu

Corporate Filing Menu

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADM
ARTICLE I. Nome
The name of the Limited Liability Company is:
AVP Carpentry LLC.
ARTICLE II Add
Company is:
11098541 107 CT - OT 212
110985W 1075Tapt. 210 MIANIFL 33176
ARTICLE III - Registered Agent, Registered Office:
The name and the Florida street address of the registered agent are: (The Livin d Liability with an active Florida registered Agent. You must designate an individual or another business outs;
to the registration.)
ALAYN VALDES PEREZ.
11098 SW 1075T apt. 210 MIANI Fl. 33176.
ARTICLE IV
The name and title of each person authorized to manage and control the Limited  Liability Company: (MGR or AMBR)
11098 SW 107 ST. apt. 210 WIAMI FL 33176 5
S.C. 00
ALAYN VALDES PEREZ. (AMBD) = ITT
<u> </u>

## Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

ALAYW VALDES PEREZ

Typed or printed name of signee

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)

