

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L22000190265

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

(((H22000166831 3)))



H22000166831 3ABC\$

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  
 Phone : (305)552-5973  
 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: \_\_\_\_\_

RECEIVED  
 2022 MAY -9 PH 4:52  
 CORPORATION  
 COMMERCIAL  
 SERVICES

**FLORIDA LIMITED LIABILITY CO.**  
**ARIEZ ASSOCIATES LLC**

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

2022 MAY -9 PM 6:07  
 CABLE AND/OR VIDEO  
 FRANCHISING  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

FILED

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CABLE AND/OR VIDEO  
FRANCHISING  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2022 MAY -9 PM 6:07

FILED

**ARTICLE I - Name:**  
The name of the Limited Liability Company is:

Ariaz Associates LLC

**ARTICLE II - Address:**  
The mailing address and street address of the principal office of the Limited Liability Company is:

4102 W 10TH AVE Hialeah, FL 33012

**ARTICLE III - Registered Agent, Registered Office:**  
The name and the Florida street address of the registered agent are: *(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.)*

Yanni Hernandez Hechavarria  
4102 W 10TH AVE Hialeah, FL 33012

**ARTICLE IV**  
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

Yanni Hernandez Hechavarria (AMBR)

**Required Signatures:**



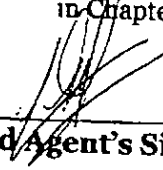
\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**

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, F.S.

Yanni Hernandez Hachavarría

**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)**

CABLE AND/OR VIDEO  
FRANCHISING  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2022 MAY -9 PM 6: 07

**FILED**