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.

(((H22000184181 3)))



H220001841813ABC.

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:

: CAPITOL SERVICES, INC. Account Name

Account Number : I20160000017 Phone

Fax Number

: (855)498-5500 : (800)432-3622

\*\*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. **1081 NW 31ST AVE LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: 8D70779D-353C-4D20-A37B-DF68AD270CF0

H22000184181

## **COVER LETTER**

	New Filing Sect Division of Cor						
crimino.		lst Ave LLC					
SUBJEC	1:	Name of Lir	nited Liab	ility Company			
The enclo	osed Articles of	Organization and fee(s) ar	e submitte	ed for filing.			
Please re	turn all correspo	ndence concerning this m	atter to the	following:			
	Carlos Herre	ra				•	2022
			Name o	of Person		-1	A A
						1915 Jul Aeva 44	2022 MAY 24 AM .8: 0
			Firm/C	ompany	<u>.</u>		포
	13777 Floral	Place Unit B				17.7	8
			Add	iress		<del></del> ;	=
	Delray Beacl	h, FL 33484					
			City/State a	and Zip Code	<del></del>		
		re@hotmail.com		<del></del>	<del> </del>		
	E	E-mail address: (to be used	l for future	annual report notificat	ion)		
For further	information cor	ncerning this matter, pleas	e call:				
	Carlos Herrer	ra 5 at (	61	317-1801			
	Name	e of Person A	rea Code	Daytime Telephon	e Number		
Enclosed	is a check for th	ne following amount:					
	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Filit Certificate of S Certified Copy (additional copy	Status &	:d)
	New Fi Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	asse <del>c</del> et, Suite 810		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY H22000184181 ARTICLE I - Name: The name of the Limited Liability Company is: 1081 NW 31st Ave LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 13777 Floral Place Unit B 13777 Floral Place Unit B Delray Beach, FL 33484 Delray Beach, FL 33484 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: Carlos Herrera Name 13777 Floral Place Unit B Florida street address (P.O. Box NOT acceptable) Florida Delray Beach 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..

Carles Hurrera

Land Registered Agent's Signature (REQUIRED)

(CONTINUED)

\$ 5.00 Certificate of Status (Optional)

DocuSign Envelope ID: 8D70779D-353C-4D20-A37B-DF68AD270CF0

H22000184181

"AMBR" = Authorized Member	Name and Address:
	<del></del>
"MGR" = Manager	
MGR	Carlos Herrera
	13777 Floral Place Unit B
	Delray Beach, FL 33484
	<u>,                                    </u>
	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
· <del></del>	<u> </u>
(Use attachment if necessary)	A CONTRACTOR OF THE CONTRACTOR
ective date is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90
of filing.)	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no
ective date is listed, the date must be of filing.) It the date inserted in this block does not ment's effective date on the Departm  E VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not nent of State's records.
ective date is listed, the date must be of filing.) It the date inserted in this block does not ment's effective date on the Department's Other provisions, if any.  REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will notent of State's records.
ective date is listed, the date must be of filing.) the date inserted in this block does ment's effective date on the Departm E VI: Other provisions, if any.  REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will notent of State's records.
ective date is listed, the date must be of filing.) the date inserted in this block does ment's effective date on the Departm  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a This document is ex I am aware that any	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will notent of State's records.
ective date is listed, the date must be of filing.) the date inserted in this block does ment's effective date on the Departm  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a This document is ex I am aware that any constitutes a third de	to t meet the applicable statutory filing requirements, this date will not meet of State's records.  Los leaves or an authorized representative of a member.  Location of state of a member or an authorized representative of a member.  Location of state of statutes.  Location of state of statutes of a member or an authorized representative of a member.  Location of state of statutes of statutes of a member or an authorized representative of statutes.  Location of state of statutes of statutes of state of
ective date is listed, the date must be of filing.) The date inserted in this block does ment's effective date on the Departm  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is ex I am aware that any	to t meet the applicable statutory filing requirements, this date will not meet of State's records.  Los leaves or an authorized representative of a member.  Location of state of a member or an authorized representative of a member.  Location of state of statutes.  Location of state of statutes of a member or an authorized representative of a member.  Location of state of statutes of statutes of a member or an authorized representative of statutes.  Location of state of statutes of statutes of state of