

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:
 Division of Corporations
 Fax Number : (850)617-6381

From:
 Account Name : FL PATEL LAW PLLC
 Account Number : I2017000097
 Phone : (727)279-5037
 Fax Number : (727)888-1294

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

Email Address: mialopez88@gmail.com

FLORIDA LIMITED LIABILITY CO.
Avi Hauling LLC

Certificate of Status	1
Certified Copy	0
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COVER LETTER

Wednesday, June 22, 2022

To: New Filing Section
Division of Corporation

Subject:
AVI HAULING LLC
Name of Limited Liability Company

The enclosed Articles of Organization and Fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

FL Patel Law PLLC
360 Central Avenue
8th Floor
St. Petersburg, Florida 33701
Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:
Tim Inam [727-279-5037](tel:727-279-5037) or e-mail at Support@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

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 FILED
 STATE OF FLORIDA
 DIVISION OF CORPORATIONS
 ST. PETERSBURG, FLORIDA

ARTICLES OF ORGANIZATION

FOR

AVI HAULING LLC

A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.

Name

The name of the Limited Liability Company is: Avi Hauling LLC (the "Company").

ARTICLE II.

Address

The principal office and mailing address of the Company is:

7225 6th Avenue N
Saint Petersburg, Florida 33710

ARTICLE III.

Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

FLP RA Services LLC
360 Central Avenue
Suite 800
Saint Petersburg, FL 33701

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.

Jamie Primeau

(sign)

FLP RA Services LLC

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ARTICLE IV.
Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Mia Lopez 7225 6th Avenue N Saint Petersburg, Florida 33710
<u>MGR</u>	Raul Ernesto 7225 6th Avenue N Saint Petersburg, Florida 33710

ARTICLE V.

The Effective date shall be the date of filing.



(sign)

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, F.S.

Mia Lopez

Authorized Representative/Member

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