# L22000312935

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Ourierre Frakk, Messe)
(Business Entity Name)
(Document Number)
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W22000087443



# FLORIDA DEPARTMENT OF STATE Division of Corporations



June 29, 2022

LANIEL ALVAREZ LLAF CONSTRUCTION SERVICES CORP LLC 1450 NW 192 TERRACE MAIMI GARDENS, FL 33169 US

SUBJECT: LLAF CONSTRUCTION SERVICES CORP LLC

Ref. Number: W22000087443

We have received your document for LLAF CONSTRUCTION SERVICES CORP LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Thenameoftheentitycannotinclude" CORP. Thisword/abbreviationis readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Dil Sultana Regulatory Specialist II

Letter Number: 722A00014730

2023 JUL 14 AM 6: 14

# COVER LETTER

	New Filing Section Division of Corporations			ı		
2112124	LLAF CONSTRUCTION SERVICE T: Name of Liv	S LLC				
SUBJEC		-				
The encle	sed Articles of Organization and fec(s) ar	e submitted	for filing.			
Please ret	urn all correspondence concerning this m	atter to the	following:			
	LANIEL ALVAREZ					
		Name of	Person	<del></del>		
	LLAF CONSTRUCTION SERVICES	LLC				
		Firm/Co	mpany			
	1450 NW 192 TERRACE					
		Addr	ess			
	MIAMI GARDENS 33169					63
	City/State and Zip Code					
	LLAFCONSTCO@GMAIL.COM				- · · · · ·	<u>=</u>
	E-mail address: (to be used	l for future a	innual report notificati	on)	1.	<u>+</u> -
For further	information concerning this matter, pleas	e call:			•	A
	131 11 111111 1111 1111 1111	86	650 9355 _)		<u>.</u>	2023 JUL 14 AM 5: 1
			Daytime Telephon		- 1	-
Enclosed	is a check for the following amount:					
□\$125.0	□\$125.00 Filing Fee  □\$130.00 Filing Fee & Certificate of Status		5.00 Filing Fee & ed Copy al copy is enclosed)	□S160.00 Certificat Certified ( (additional c	e of Statu Copy	is &
Mailing Address  New Filing Section  Division of Corporations			Street Address New Filing Section Di The Centre of Tallah;			

Division of Corpe P.O. Box 6327

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

A DOMEST OF A ST	•					
ARTICLE 1 - Name: The name of the Limited Liab	ilita Company is: 🥡 🧸	•	g. Ya			
	CTION SERVICES LLC ontain the words "Limited Lial	bility Comp	eany, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and stree	taddress of the principal offic	e of the Lin	nited Liability Company is:			
he mailing address and street address of the principal office of the I  Principal Office Address:			Mailing Address:			
1450 NW 192 TE FL 33169  ARTICLE III - Registered A		  Registered	1450 NW 192 TERRACE MIAMI GAR FL 33169  Agent's Signature: gent. You must designate an individual or			
ARTICLE III - Registered Article Limited Liability Companion ther business entity with a	Agent, Registered Office, & I	Registered gistered Ag	FL 33169 Agent's Signature:			
1450 NW 192 TE FL 33169  ARTICLE III - Registered A The Limited Liability Companother business entity with a	Agent, Registered Office, & I any cannot serve as its own Re an active Florida registration.) set address of the registered ag	Registered gistered Ag ent are:	FL 33169 Agent's Signature:			
1450 NW 192 TE FL 33169  ARTICLE III - Registered A The Limited Liability Companother business entity with a	Agent, Registered Office, & I any cannot serve as its own Re an active Florida registration.) set address of the registered ag	Registered gistered Ag	FL 33169 Agent's Signature:			
1450 NW 192 TE FL 33169  ARTICLE III - Registered A The Limited Liability Companother business entity with a	Agent, Registered Office, & I any cannot serve as its own Re an active Florida registration.) set address of the registered ag	Registered gistered Ag ent are:	FL 33169 Agent's Signature:			
1450 NW 192 TE FL 33169  ARTICLE III - Registered A The Limited Liability Companother business entity with a	Agent, Registered Office, & I any cannot serve as its own Re an active Florida registration.) ret address of the registered ag LANIEL ALVAREZ	Registered gistered Ag ent are: ame	Agent's Signature: gent. You must designate an individual or			
1450 NW 192 TE FL 33169  ARTICLE III - Registered A The Limited Liability Companion ther business entity with a	Agent, Registered Office, & I any cannot serve as its own Re an active Florida registration.) ret address of the registered ag  LANIEL ALVAREZ  N  1450 NW 192 TERRAC	Registered gistered Ag ent are: ame	Agent's Signature: gent. You must designate an individual or			

L further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, 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)

(CONTINUED)

# ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:			
MGR	LANIEL ALVAREZ			
			_	
		<del></del> -		
			<u> </u>	
			<u> </u>	
(Use attachment if necessary)				
If an effective date is listed, the date must be s	te of filing: (OP pecific and cannot be more than five business days	s prior to or	•	
Note: If the date inserted in this block does not the document's effective date on the Department.	meet the applicable statutory filing requirements, that of State's records.	nis date Will i	not 巖 し	isted
RTICLE VI: Other provisions, if any.			JUL 14	
		Lts.	Ş: 5:	- : - :
REQUIRED SIGNATURE:	FL	5: 14	١	
This document is exec I am aware that any fal	nember or an authorized representative of a memuted in accordance with section 605.0203 (1) (b), Fl se information submitted in a document to the Departure of the felony as provided for in s.817.155, F.S.	orida Statute		
LANIEL ALVA	AREZ Typed or printed name of signee			
	Typed of printed name of signer			

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)