

2022-08-01 15:05

Vigo & Vigo, LLP. 305-266-5758 >> 850-617-6381

8/1/22, 4:09 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H22000259274 3)))



H220002592743ABCO

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 : ADRIAN TAX SERVICES INC.
Account Number : I20220000042
Phone : (786)370-2432
Fax Number : (305)266-5758

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

Email Address: JGAGINVESTMENTS@GMAIL.COM

FLORIDA LIMITED LIABILITY CO.
AGSP HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H22000259274 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AGSP HOLDINGS 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:145 SW 55TH AVE RD
CORAL GABLES, FL 33134Mailing Address:145 SW 55TH AVE RD
CORAL GABLES, FL 33134

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:

ALEJANDRO R GONZALEZ

Name

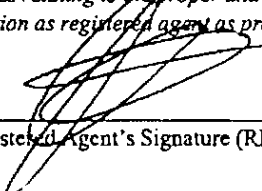
145 SW 55TH AVE RDFlorida street address (P.O. Box NOT acceptable)CORAL GABLESFL33134

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..


 Registered Agent's Signature (REQUIRED)

(CONTINUED)

(((H22000259274 3)))

 2022 AUG -1 AM 8:50
 FILED
 OFFICE OF STATE
 ATTORNEY GENERAL
 TALLAHASSEE, FLORIDA

(((H22000259274 3)))

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:AMBRALEJANDRO R GONZALEZ145 SW 55TH AVE RDCORAL GABLES, FL 33134AMBRSABRINA PORTUONDO13285 SW 229TH STREETMIAMI, FL 33170

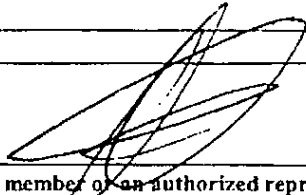
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:
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.ALEJANDRO R GONZALEZ

Typed or printed name of signee

2022 AUG - 1 AM 8:50
FILED
CLERK OF STATE
TALLAHASSEE, FLORIDA

(((H22000259274 3)))