

9/7/22, 1:31 PM

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 Division of Corporations  
 Florida Department of State  
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 Electronic Filing Cover Sheet

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**FLORIDA LIMITED LIABILITY CO.  
A'S NURSERY, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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Corporate Filing Menu

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September 8, 2022

## FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: A'S NURSERY, LLC  
REF: W2200C113886

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L21000331789 (A NURSERY LLC).

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

Dil Sultana  
Regulatory Specialist II

FAX Aud. #: H22000308330  
Letter Number: 522A00020002

P.O BOX 6327 - Tallahassee, Florida 32314

2022 SEP -9 AM 6:36

LED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

A'S NURSERY & MORE 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:

6125 W. 20th Avenue, Suite 205  
Hialeah, Florida 33012

Mailing Address:

6125 W. 20th Avenue, Suite 205  
Hialeah, Florida 33012

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Jose Andres Alvarez

Name

6125 W. 20th Avenue Suite 205

Florida street address (P.O. Box NOT acceptable)

Hialeah

Florida

33012

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..*

*Jose G. Alvarez*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

AMBR

Jose Andres Alvarez  
6125 W. 20th Avenue Suite 205  
Hialeah, Florida 33012

AMBR

Elizabeth Alvarez  
6125 W. 20th Avenue Suite 205  
Hialeah, Florida 33012

(Use attachment if necessary)

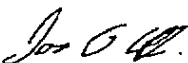
ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL)

(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.

Jose Andres Alvarez  
Typed or 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)

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STATE OF FLORIDA  
DEPARTMENT OF STATE