

L22000482/66

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

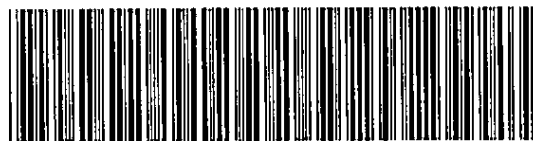
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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11/04/22--01019--005 **125.00

U.S. DEPT. OF STATE
FALL ARABIAN COURT

2022 NOV -4 PM 5:09

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D. O'KEEFE

NOV 14 2022

CONSENT LETTER

OCTOBER 27TH, 2022

I, LUIS ARROYAVE PRESIDENT OF A FLORIDA CORPORATION NAMED
SUPREME VISION GROUP LLC, DOCUMENT NUMBER L20000095226 . I
INFORMS THE FOLLOWING:
THAT THE ABOVE MENTIONED CORPORATION WAS DISSOLVED ON 09/23/2022 FOR
ANNUAL REPORT. I DON'T WANT TO REACTIVE THIS CORPORATION THEREFORE
RELEASING THE NAME. AT THE SAME TIME I WANT TO USE SAME NAME FOR A NEW
FLORIDA CORPORATION. ENCLOSED PLEASE FIND DOCUMENTS AND CASHIER CHECK
TO FILE NEW CORPORATION.



LUIS ARROYAVE
AMBR

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: SUPREME VISION GROUP 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:

NOEL TAVIO

Name of Person

Firm/Company

436 PALM AVENUE

Address

HIALEAH/FL 33010

City/State and Zip Code

NTAVIO@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NOEL TAVIO 305 9043063

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SUPREME VISION GROUP 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:

2040 ACAPULCO DR, MIRAMAR FL 33023

SAME

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:

LUIS ARROYAVE

Name

2040 ACAPULCO DR

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

MIRAMAR

FLORIDA

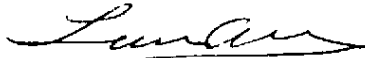
33023

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)

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2022 NOV -4 PM 5:10
JULIUS J. JAMES
TALLAHASSEE, FLORIDA

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

LUIS ARROYAVE
2040 ACAPULCO DR. MIRAMAR, FL 33023

(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.

LUIS ARROYAVE

Typed or printed name of signee

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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2022 NOV -4 PM 5
DEPARTMENT OF
HALLAHASST.F110