Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

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## FLORIDA LIMITED LIABILITY CO. AKB WOODWORK, LLC.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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Help

## ARTICLE 1 - Name:

The name of the Limited Liability Company is:

AKB Woodwork, 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:

Date	eiee1	Office	Address	

Mailing Address:

9416 NW 13th St.	9416 NW 13th St.
Doral, Fl. 33172	Doral, Ft. 33172

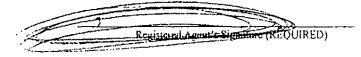
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

Ben Financial Service	es, Inc.	
	Name	
10500 NW 26th St.,	Ste. A-101	
Florida street addres	is (P.O. Box <u>NOT</u> ac	cceptable)
Doral	Fì	33172
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 stantes 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.



(CONTINUED)

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	" ~ Authorized Men = Manager	ber	Name and Address:
MGR	·		Antonio Kadel Baez Tolosa 11455 W. Flugier St. Apt. 510 Miami, Fl. 33174
MOR.		• .	Boris K. Bacz Garcia 11455 W. Flagler St. Apt. 510 Minmi, Fl. 33174
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<del></del>			
(Use ana	chment if necessary	)	
effective da to of filing.) . If the date	to is listed, the date	must be speci k does not me	filing: 11/17/2022 (OPTIONAL) fic and connot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be lister State's records.
	her provisions, if any	_	

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 felonyar provided for in s.847.155, F.S.

Typed or printed name of signee

Antonio Kadel Báez Tolosa

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