L23000011007

(Req	uestor's Name)	···
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone #)	
PICK-UP	TIAW	MAIL MAIL
(Busi	iness Entity Name)	<u> </u>
	ument Number)	
(DOC)	uneix number)	
tifled Copies	Certificates of	of Status
special Instructions to Filing	Officer.	
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Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ARIYA CONSTRUCTION LLC	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	·
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC II Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

TO:	New Filing Sect Division of Corp	
		ruction LLC
SUBJE	CCT:	Name of Limited Liability Company
The en	elosed Articles of C	Organization and fee(s) are submitted for filing.
Please	return all correspo	ndence concerning this matter to the following:
	Albert	
		Name of Person
	Corey Accou	inting Services
	,	Firm/Company
	1800 w 68 st	suite 118
	<u>- </u>	Address
	hialeah fl 330	014
		City State and Zip Code
	joshfedermani	@yahoo.com
	[E-mail address: (to be used for future annual report notification)
For furt	her information co	ncerning this matter, please call:
	albert	305 823-9228 at ()
	Nam	ne of Person Area Code Daytime Telephone Number
Enclo	sed is a check for t	he following amount:
U\$1:	25.00 Filing Fee	■\$130,00 Filing Fee & ☐\$155,00 Filing Fee & ☐\$160,00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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 1 - Name:

Ariva Construction	on LLC		1.1.61.21.401.172.23	
(Must o	contain the words "Limited L	hability Company, "	L.L.C., OF LLC. I	
ARTICLE II - Address: The mailing address and stre	et address of the principal of	fice of the Limited I	Liability Company is:	
<u>Prir</u>	ncipal Office Address:		Mailing Address:	
1800 w 68 ST St	ЛТЕ 118			
HIALEAH FL 3	3014			
THAT I ALL TO A				
				— · · · · · · · · · · · · · · · · · · ·
ARTICI F III - Registered	Agent, Registered Office, o	& Registered Agen Registered Agent, \(\)	t's Signature: 'ou must designate an individual or	— : ·
ARTICLE III - Registered The Limited Liability Com	Agent, Registered Office, of pany cannot serve as its own that an active Florida registration	Registered Agent, \forall	t's Signature: 'ou must designate an individual or	
ARTICLE III - Registered The Limited Liability Com- mother business entity with	pany cannot serve as its own	Registered Agent, Y n.)	t's Signature: 'ou must designate on individual or	* ,
ARTICLE III - Registered The Limited Liability Com- mother business entity with	pany cannot serve as its own 1 an active Florida registratio	Registered Agent, Y n.)	t's Signature: 'ou must designate an individual or	
ARTICLE III - Registered The Limited Liability Com- another business entity with	pany cannot serve as its own an active Florida registration rect address of the registered	Registered Agent, Y n.)	t's Signature: 'ou must designate an individual or	
ARTICLE III - Registered The Limited Liability Com- mother business entity with	pany cannot serve as its own an active Florida registration rect address of the registered	Registered Agent, Yn.) Lagent are: Name	t's Signature: 'ou must designate on individual or	
ARTICLE III - Registered The Limited Liability Com- another business entity with	pany cannot serve as its own i an active Florida registratio rect address of the registered Omer Federman	Registered Agent, Yn.) Lagent are: Name E 118	ou must designate an individual or	
ARTICLE III - Registered The Limited Liability Com- another business entity with	pany cannot serve as its own i an active Florida registratio rect address of the registered Omer Federman 1800 W 68 ST SUIT	Registered Agent, Yn.) Lagent are: Name E 118	ou must designate an individual or	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Men	ıber	
"MGR" = Manager		
MGR	Omer Federman	
NAME OF THE PROPERTY OF THE PR	1800 W 68 ST SUITE 118	
	HIALEAH FL 33014	نئ
	(_	;
	Water Diseases	į
MGR	Yair Dorman 1800 W 68 ST SUITE 118	
	HIALEAH FL 33014	
	•	
	#P	
		
late of filing.) e: If the date inserted in this bloch document's effective date on the TCLE VI: Other provisions, if an		
l am aware	ture of a member or an authorized representative of a member. ment is executed in accordance with section 605.0203 (1) (b), Florida Statutes.	_
	that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S.	
	that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S. r Federman 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)