

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : ADRIAN TAX SERVICES INC.

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vigovigocpa@aol.com Email Address:\_

## FLORIDA LIMITED LIABILITY CO. AVENTURA 1408 LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

## (((H23000018494 3)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ıy is:			
	AVENTURA			
(Must contain the wo	rds "Limited Liability	y Company, "L.L.C	.," or "ELC,")	
ARTICLE II - Address: The mailing address and street address of t	he principal office of	the Limited Liabili	ty Company is:	
Principal Office /	Address:		Mailing Add	ress:
7850 SW 1638	RD PL		7850 SW 16	3RD PL
MIAMI, FL 33	193		MIAMI, FL	33193
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot se another business entity with an active Flor	rve as its own Registe	stered Agent's Sig cred Agent. You mu	nature: ist designate an in	klividual or
The name and the Florida street address of	the registered agent a	ıre:		
	CLAUDIA 1	M. GONZALEZ		
		Name		
	7850 SV	V 163RD PL		
Florida	street address (P.O. 1	Box NOT acceptab	le)	
	MIAMI	FL	33193	

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 positionas registered agent as provided for in Chapter 605, F.S..

City

Redistered Agent's Signature (REQUIRED

State

Zip

(CONTINUED)

## (((H23000018494 3)))

RTICLE	V-			
•				

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

"MGR" = Manager AMBR  CLAUDIA M. GONZALEZ  7850 SW 163RD PL MIAMI, FL 33193  AMBR  ALEXANDER MONTOYA  7850 SW 163RD PL MIAMI, FL 33193  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
AMBR  AMBR  ALEXANDER MONTOYA  7850 SW 163RD PL  MIAMI, FL 33193  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day te of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be becoment's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a member or an anthorized 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.  CLAUDIA M. GONZALEZ  Typed or printed name of signee	~	CLASSIDIA NA CONTALEZ	
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