

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L23000037345

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : MARIA XIMENA MARTINEZ
Account Number : I20220000054
Phone : (786)571-4129
Fax Number : (786)590-1744

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
ABIYRAM HOME SOLUTIONS LLC**

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

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: ABIYRAM HOME SOLUTIONS 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:

MARIA XIMENA MARTINEZ
Name of Person

MODERN SOLUTIONS GROUP
Firm/Company

2424 W. BRANDON BLVD #1282
Address

BRANDON, FL 33511
City/State and Zip Code

INFO@MODERNSOLUTIONSGROUP.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA XIMENA MARTINEZ at (786) 571-4129
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)
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Mailing Address

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

Street Address

New Filing Section Division
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r0220q0ITggEVC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ABIYRAM HOME SOLUTIONS 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:

1608 SW AVE G LOT 36

BELLE GLADE, FL 33430

Mailing Address:

1608 SW AVE G LOT 36

BELLE GLADE, FL 33430

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:

JOCABED MARTINEZ

Name

1608 SW AVE G LOT 36

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

BELLE GLADE

FL

33430

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.

JOCABED MARTINEZ

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

MGR

JOCABED MARTINEZ
1608 SW AVE G LOT 36
BELLE GLADE, FL 33430

MGR

LUIS ANTONIO GARCIA
1608 SW AVE G LOT 36
BELLE GLADE, FL 33430

(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.

REAL ESTATE INVESTMENTS

REQUIRED SIGNATURE:

JOCABED MARTINEZ

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.

JOCABED MARTINEZ

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)