

L23000220342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

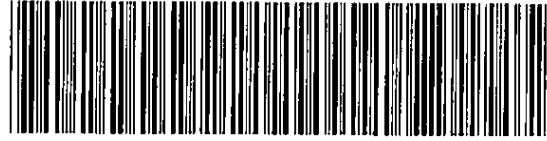
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600407029246

S. C. ...
MAY - 1 2023

FILED
MAY - 3 PM 1:38
TALLAHASSEE, FLORIDA

RECEIVED
MAY - 3 PM 3:53
TALLAHASSEE, FLORIDA

FLORIDA-CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: I20210000160 **\$ 130.00**

Authorization Signature: *Janell*

Avant Business Solutions, LLC

Business Name Document #

Certified Copy of articles

Certificate of Status

NEW FILINGS

- Profit Corp
- Not For Profit
- INC.
- Limited Liability

- Domestication
- Other
- CORP
- LLLP

AMENDMENTS

- Amendment
- Statement of Fact

- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Revocation of Dissolution
- Merger
- Conversion
- Amended and restated Articles
- Statement of Authority

OTHER FILINGS

- Annual Report
- Fictitious Name

- APOSTILLE _____
Country

REGISTRATION/QUALIFICATIONS

- Foreign filing
- Limited Partnership
- Reinstatement

- _____ Other

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: Avant Business 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:

Gerardo Rodriguez-Albizu, Esq.

Name of Person

Rodriguez-Albizu Law, P.A.

Firm/Company

759 SW Federal Highway, Suite 321

Address

Stuart, FL 34994

City/State and Zip Code

grodriguez@ralawpa.com

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

For further information concerning this matter, please call:

Gerardo Rodriguez-Albizu 772 261-5080

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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

2020 MAY -3 PM 1:38
SECRETARY OF STATE

ARTICLE I - Name:

The name of the Limited Liability Company is:

Avant Business 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:

Mailing Address:

941 SW Pine Tree Lane
Palm City, FL 34990

941 SW Pine Tree Lane
Palm City, FL 34990

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:

Rodriguez-Albizu Law, P.A.
Name

759 SW Federal Highway, Suite 321
Florida street address (P.O. Box **NOT** acceptable)

Stuart FL 34994
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)

ARTICLE IV-

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

2023 MAR 1 - 3 PM 1:38

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Ronald Bourgoin
941 SW Pine Tree Lane
Palm City, FL 34990

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 1, 2023 (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.

Gerardo Rodriguez-Albizu, Esq.
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)