

5/19/23, 8:00 PM

Division of Corporations

L23000248873

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : LICENSEPRO, LLC.
Account Number : I20220000029
Phone : (718)338-6300
Fax Number : (347)710-1969

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

Email Address: LuizaAmram@licenseprousa.com

FLORIDA LIMITED LIABILITY CO. AAArts, LLC

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

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COMMERCIAL
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DEPT OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AAAAs, 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:

LUIZA AMRAM

Name of Person

LICENSEPRO USA LLC

firm/company

251 E 5TH STREET, UNIT 1

Address

BROOKLYN, NY 11218

City/State and Zip Code

ARTESQ@LICENSEPROUSA.COM

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

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TALLHASSEE FL
DIVISION OF STATE

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For further information concerning this matter, please call:

LUIZA AMRAM at (917) 544-6300
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

AAAns, 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:

18975 COLLINS AVENUE

SUITE 2402

SUNNY ISLES, FL 33160

Mailing Address:

18975 COLLINS AVENUE

SUITE 2402

SUNNY ISLES, FL 33160

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:

ARTHUR STEINBERG

Name

18975 COLLINS AVENUE, SUITE 2402

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

SUNNY ISLES

Florida

33160

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 ~~its~~ **his** 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, FS.

Arthur Steinberg

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

ARTICLE IV-

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

Title:**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

ARTHUR STEINBERG
18975 COLLINS AVENUE, SUITE 2402
SUNNY ISLES, FL 33160

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/18/2023. (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:

Arthur Steinberg

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.

ARTHUR STEINBERG

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)

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 TALLAHASSEE, FL