

Florida Department of State
 L230002196413ABC
 Division of Corporations
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To:

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

From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.
 Account Number : I20070000019
 Phone : (518)689-1212
 Fax Number : (518)432-0742

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

Email Address: _____

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2023 JUN 20 PM 1:52

CORPORATIONS
 COMMERCIAL
 SERVICES

**FLORIDA LIMITED LIABILITY CO.
 AAA OF FLORIDA LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2023 JUN 20 PM 12:06
 FILED

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Articles of Organization
for
Florida Limited Liability Company

ARTICLE I NAME

The name of the Limited Liability Company is: **AAA OF FLORIDA LLC**

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: **230 COMMODORE DR, JUPITER, FL 33477**

Mailing Address: **PO BOX 308, ROSLYN, NY 11576**

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

**LEGALINC CORPORATE SERVICES INC.- 476 RIVERSIDE AVE,
JACKSONVILLE, FL 32202**

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..

/s/ MARSHA DASCH

Registered Agent's Signature

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JACKSONVILLE, FL

ARTICLE IV AUTHORIZED REPRESENTATIVE / MANAGER

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

ALAN MARKOVITZ, Authorized Member, PO BOX 308, ROSLYN, NY 11576

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.

/s/ ALAN MARKOVITZ

Authorized Member

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TALLAHASSEE, FL