

L24000011779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

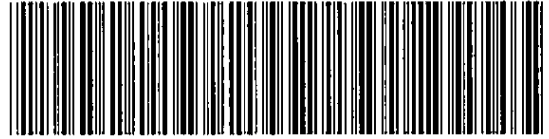
(Document Number)

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**CORPORATE  
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**PICK UP:** BROOK 1/4

**CERTIFIED COPY**

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LLC

1. AVUS WHOLESALE, LLC  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

**ARTICLES OF ORGANIZATION  
OF  
AVUS WHOLESALE, LLC**

The undersigned, being the Members and Organizers of the Limited Liability Company hereby being formed under the Florida Statutes Annotated Sections 605.0201, do hereby adopt the following Articles of Organization for the Limited Liability Company:

FIRST: The name of the Limited Liability Company is AVUS WHOLESALE, LLC

SECOND: The Limited Liability is organized to engage in any lawful act concerning any lawful business, other than banking and insurance, for which a limited liability company may be organized in accordance with the Florida Statutes Annotated Sections 605.0201, including all powers and purposes now and hereafter permitted by law to a limited liability company.

THIRD: The mailing and street address of the principal office of the Limited Liability Company is 8709 Brixford St, Orlando, FL 32836.

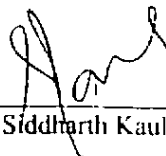
FOURTH: The street address of the initial registered office of the Limited Liability Company in Florida is 8709 Brixford St, Orlando, FL 32836 and the name of the Initial registered agent of the Limited Liability Company in Florida at that address is Siddharth Kaul.

FIFTH: The members of the Limited Liability Company shall consist of not less than one Member. The name and address of the initial Members are:

Siddharth Kaul (AMBR)  
8709 Brixford St  
Orlando, FL 32836

SIXTH: The Limited Liability Company is to be managed by the Members.

**IN WITNESS WHEREOF**, the Members have executed and acknowledged these Articles of Organization on January 3, 2024.

X   
Siddharth Kaul

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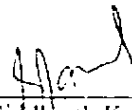
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**CONSENT TO APPOINTMENT  
BY REGISTERED AGENT**

I, having been named as Registered Agent for AVUS WHOLESALE, LLC hereby voluntarily consent to serve as Registered Agent for AVUS WHOLESALE, LLC.

I know and understand the duties and responsibilities of a Registered Agent as set forth in the Florida Statutes Annotated Sections 605.0201, and I hereby accept those duties and responsibilities.

Dated: January 3, 2024

X   
Siddharth Kaul

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