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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-5381

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2024 Jan 23 AM 9:47

FLIED

FLORIDA LIMITED LIABILITY CO.
SOUTH FLORIDA SAFETY EQUIPMENT LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

To:

. Page 3 of 4

2024-01-23 14:13:37 GMT

13053284774

From: Yanet Avila

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOUTH FLORIDA SAFETY EQUIPMENT 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:

1851 NW 22 PL
MIAMI, FL 33125

Mailing Address:

SAME

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:

MILTON LLANES

Name

1851 NW 22 PL

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

MIAMI

FL

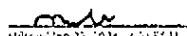
33125

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)

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To:

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2024-01-23 14:13:37 GMT

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From: Yane Avila

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:

AMBR _____

MILTON LLANES _____
1851 NW 22 PL _____
MIAMI, FL 33125 _____

(Use attachment if necessary)

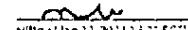
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL.)

(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.

REQUIRED SIGNATURE:



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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.

MILTON LLANES _____

Typed or printed name of signer

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)

2024-01-23 14:13:37 GMT

File

To:

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2024-01-23 06:16:24 PST

19548277645

From: Kaity Toon

FAX COVER SHEET

TO
COMPANY
FAX NUMBER 18506176381
FROM Kaity Toon
DATE 2024-01-23 06:15:44 PST
RE 15338869 TJH Advisors, LLC 1,4

COVER MESSAGE

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2024 JUN 23 AM 6
U.S. DISTRICT COURT
CLERK'S OFFICE
OF THE DISTRICT OF COLUMBIA