L24000084740

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
·
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500421875545

01/18/24--01034--004 **125.00

2024 JAH 16 RH 10: 1,7

1

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Alfaro Auto Recycling 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:
Moises Alfaro Name of Person
Alfaro Auto Recycling, LLC
2662 Overland Road, UnitA
Apopka, Florida 32703 City/State and Zip Code Moiscsalfaro5300gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Moises Alfaco at 321 231-1921 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
XS125.00 Filing Fee ☐S130.00 Filing Fee & ☐S155.00 Filing Fee & ☐S160.00 Filing Fee, Certificate of Status ☐Certified Copy (additional copy is enclosed) ☐S160.00 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:

Alfaro Auto Recycling LLC
(Must contain the words "Limited Liability Company, "E.E.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:
2662, Overland Road,	2662 Overband Road
Unit A Abooka Florida 32703	Unit A
MOURA, P101104 32105	Apopka, Florida 32703

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:

Moises Alfaco
Name

2002 Overland Rand, UnitA
Florida street address (P.O. Box NOT acceptable)

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 (REQUIREL

(CONTINUED)

<u>Title:</u> "AMBR" = A	uthorized Member	Name and Address:	
"MGR" = Mai		_	
Mana	OP (Moises Alfara	
	J	global Overland Road, Unit A	
		Appra, Floorer 32 103	
			024
		i L	
			-
			 5
		· · · · · · · · · · · · · · · · · · ·	
		Ţ.	
			ä-
CLE V: Effective effective date is li	nt if necessary) date, if other than the listed, the date must be	date of filing:	IAL) or to or 90 days
CLE V: Effective effective date is lite of filing.) If the date insert	date, if other than the isted, the date must be	date of filing: . (OPTION e specific and cannot be more than five business days primot meet the applicable statutory filing requirements, this datent of State's records.	or to or 90 days
CLE V: Effective effective date is lite of filing.) If the date insert ocument's effective	date, if other than the isted, the date must be ed in this block does red date on the Department	e specific and cannot be more than five business days prio not meet the applicable statutory filing requirements, this da	or to or 90 days
CLE V: Effective effective date is lite of filing.) If the date insert ocument's effective	date, if other than the isted, the date must be ed in this block does red date on the Department	e specific and cannot be more than five business days prio not meet the applicable statutory filing requirements, this da	or to or 90 days
CLE V: Effective effective date is litte of filing.) If the date insert ocument's effective CLE VI: Other pro-	e date, if other than the isted, the date must be ed in this block does red date on the Departmovisions, if any.	e specific and cannot be more than five business days prion to meet the applicable statutory filing requirements, this danient of State's records.	or to or 90 days
CLE V: Effective effective date is litte of filing.) If the date insert ocument's effective CLE VI: Other pro-	e date, if other than the isted, the date must be ed in this block does red date on the Departmovisions, if any.	e specific and cannot be more than five business days prio not meet the applicable statutory filing requirements, this da	or to or 90 days
CLE V: Effective effective date is litte of filing.) If the date insert ocument's effective CLE VI: Other pro-	edate, if other than the sisted, the date must be ed in this block does redate on the Departmovisions, if any. SIGNATURE: Signature of a	e specific and cannot be more than five business days prious timest the applicable statutory filing requirements, this day tent of State's records. Mayo member or an authorized representative of a member.	or to or 90 days
CLE V: Effective effective date is litte of filing.) If the date insert ocument's effective CLE VI: Other pro-	ed ate, if other than the sisted, the date must be ed in this block does red ate on the Departmovisions, if any. SIGNATURE: Signature of a This document is ex I am aware that any	e specific and cannot be more than five business days printed the applicable statutory filing requirements, this day and of State's records. Discontinuous member or an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b). Florida false information submitted in a document to the Department	or to or 90 days the will not be li
CLE V: Effective effective date is little of filing.) If the date insert ocument's effective CLE VI: Other pro-	ed ate, if other than the sisted, the date must be ed in this block does red ate on the Departm ovisions, if any. SIGNATURE: Signature of a This document is ex I am aware that any constitutes a third de	not meet the applicable statutory filing requirements, this datent of State's records. The member of an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b). Florida false information submitted in a document to the Department of the department of the department of the provided for in s.817.155, F.S.	or to or 90 days the will not be li
CLE V: Effective effective date is little of filing.) If the date insert ocument's effective CLE VI: Other pro-	ed ate, if other than the sisted, the date must be ed in this block does red ate on the Departm ovisions, if any. SIGNATURE: Signature of a This document is ex I am aware that any constitutes a third de	e specific and cannot be more than five business days printed the applicable statutory filing requirements, this day and of State's records. Discontinuous member or an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b). Florida false information submitted in a document to the Department	or to or 90 days the will not be li

ARTICLE IV-

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)