

To:

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2024-02-22 09:02:33 GMT

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From: Mariam Torres

2/20/24, 9:02 PM

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : ACCOUNTING HEART LLC
Account Number : 120220000077
Phone : (954)673-6545
Fax Number : (954)827-3314

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
ANTUCO DELIVERIES 2 LLC

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

2024 FEB 22 AM 9:15

2024 FEB 22 PM 3:15

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")*

ANTUCO DELIVERIES 2 LLC

ARTICLE II - Address:

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

1650 SW 27TH CT
FORT LAUDERDALE FL 33315

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

GINA M. AVILES
1650 SW 27TH CT
FORT LAUDERDALE FL 33315

ARTICLE IV-

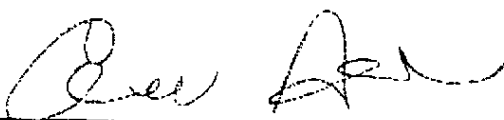
The name and title of each person authorized to manage and control the Limited Liability Company:

GINA M AVILES , MEMBER

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STATE
FLORIDA

Required Signatures:

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**Signature of a member or an authorized representative of a member.**

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

GINA M AVILES**Typed or printed name of signee**

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.

GINA M AVILES**Registered Agent's Signature (REQUIRED)**

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STATE
TALLAHASSEE, FL