

L24000148536

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.

(((H24000116271 3)))



H240001162713ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

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

Email Address: _____

FILED
2024 MAR 29 PM 4:10
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
HAS CVS LLC**

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

2024 MAR 29 AM 11:16

To:

Page: 3 of 5

2024-03-29 13:03:36 GMT

13053284774

From: Yenet Avila

850-817-6381

3/29/2024 8:14:30 AM PAGE 1/001 Fax Server



March 29, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXPRESS CORPORATE FILING

SUBJECT: HAS CVS LLC
REF: W24000050440

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

MISSING MGR NAME IN ARTICLE IV

If you have any further questions concerning your document, please call (850) 245-6052.

Carlos E Rico
Supervisor
New Filing Section

FAX Aud. #: H24000116271
Letter Number: 524A00006763

DocuSign Envelope ID: E9A0E944-559E-4C17-AAF6-9AE17F5AC41F

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2024 MAR 29 PM 4:10

ARTICLE I - Name:

The name of the Limited Liability Company is:

HAS CVS 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:2549 NW 96 Street
Miami, FL 33122Mailing Address:2549 NW 96 Street
Miami, FL 33122

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:

Humberto Aleman

Name

2549 NW 96 StreetFlorida street address (P.O. Box **NOT** acceptable)Miami

City

FL

State

33122

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)

DocuSign Envelope ID: E9A0E944-559E-4C17-AAF6-9AE17F5AC41F

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


Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>MGR</u>	Humberto Aleman 2549 NW 96 Street Miami, FL 33122

(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:


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.
Humberto Aleman
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)

FILED
2024 MAR 29 PM 4:10
TALLAHASSEE, FLORIDA