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.

(((H240001809373)))



H240001809373ABC1

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 : FILE IT USA INC. Account Number : 120190000121 Phone : (718)925-2025 Fax Number : (718)925-2027

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

Email Address: SERVICE@FILEITUSA.COM

FLORIDA LIMITED LIABILITY CO. LEV Builders Group LLC

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



Electronic Filing Menu Corporate Filing Menu

Help

(((H24000180937 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
LEV Builders Group LLC	
(Must conatin the words "Limited Liabilit	y Company, "E.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	the Limited Liability Company is: Mailing Address:
Principal Office Address:	THAT THE TAXABLE STATE
	
Principal Office Address: 2843 Pembroke Rd, Unit 3 Hollywood, FL 33020	2843 Pembroke Rd, Unit 3 Hollywood, FL 33020

The name and the Florida street address of the registered agent are:

Michel Azafrani		
	Name	
19600 NE 26th Ave	:	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	eceptable)
Miami	FL	33180
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..

/s/Michel Azafrani
Registered Agent's Signature (REQUIRED)

(CONTINUED)



ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Michel Azafrani 19600 NE 26th Ave Miami, Fl 33180
AMBR	Sean Azafrani 20515 E Country Club Dr. Apr 2049 Avenjura, FL 33180
	
(Use attachment if necessary)	
(If an effective date is listed, the date must be the date of filing.)	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as out of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
(*104	for the street
Signature of a This document is exe I am aware that any fa	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
Michel Azafra	Typed or printed name of signee

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)