7869537450 2-0u1-2024 15:30 Unknown p.1

7/2/24, 3:24 PM

Division of Corporations



(shown below) on the top and bottom of all pages of the document.

(((H24000227114 3)))



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

т	^	٠
	u	٠

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP

Account Number : I20190000020 : (786)953-7449 Phone Fax Number : (786)953-7450

\*\*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. MEDLEY TRAILERS REPAIR LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help



# Articles of Organization For Florida Limited Liability Company

The undersigned company, for the purpose of forming a Florida limited liability company, hereby adopts the following Articles of Organization:

#### Article I

The name of the limited liability company is: MEDLEY TRAILERS REPAIR LLC

#### Article II

The street address of the principal office of the Limited Liability Company is: 9875 NW 115<sup>TH</sup> WAY MEDLEY, FL. 33178

The mailing address of the Limited Liability Company is:

9875 NW 115<sup>TH</sup> WAY MEDLEY, FL, 33178

Article III

Other provisions, if any:
ANY AND ALL LAWFUL BUSINESS.

Article IV

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

VICTOR GRIMALDO 9875 NW 115<sup>TH</sup> WAY MEDLEY, FL. 33178

Having been named as a registered agent and to accept service of process of 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 offigations of my position as registered agent.

Registered Agent Signature:



### Article V

The name and address of person(s) authorized to manage the LLC:

	. –
Title: AMBR	
VICTOR GRIMALDO	
9875 NW 115 <sup>TH</sup> WAY	
MEDLEY, FL. 33178	
Signature: Much	
Title: AMBR	
LUIS GODOY	
9875 NW 115TH WAY	
MEDLEY, FL. 33178	
Signature: XUL	
Title: AMBR	
JULIAN ARIAS	
9875 NW 115 <sup>TH</sup> WAY	202 SEA
MEDLEY, FL. 33178	2024 JUL SEGISTO
,	
Signature: Julian Arias	- <del>1</del>
	OF P
Article VI	E. S.
TO LATER BLAD STANDS TO THE RESIDENCE COMMENTS OF ALL LANDS	PH 12: 07 OF STATE SEE, FL
ffective date of this Limited Liability Company Shall be:	ामं 🗸

The

07/01/2024	
Signature of memb	er or an anthorized representative:
Signature:	Mund 1

I am a member or authorized representative submitting these Articles of organization and affirm that the facts state berein are true, I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following the formation of the LLC and every year thereafter to maintain "active" status,