

C240000309944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

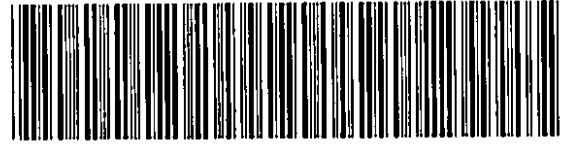
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



500433145205

07/15/24--01006--001

FILED
JUL 15 AM 9:47
TALLAHASSEE, FLORIDA

2024 JUL 15 AM 9:47

25.00

FILED

RECEIVED
JUL 15 PM 3:44
TALLAHASSEE, FLORIDA

2024 JUL 15 PM 3:44

RECEIVED

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 7/15

CERTIFIED COPY

XX PHOTOCOPY

CS

XX FILING

LLC

1. AIM2WIN LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

FILED
2021 JUL 15 AM 9:47
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AIM2WIN 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:

Mailing Address:

400 Lakewood Circle East, Apt. E.
Margate, FL 33063

400 Lakewood Circle East, Apt. E.
Margate, FL 33063

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:

Oscar Augusto Aguiar Jr

Name

400 Lakewood Circle East, Apt. E

Florida street address (P.O. Box **NOT** acceptable)

Margate

FL

33063

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/ Oscar Augusto Aguiar Jr

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 JUL 15 AM 9:47

FILED

FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Oscar Augusto Aguiar Jr

400 Lakewood Circle East, Apt. E

Margate, FL 33063

AMBR

Maria Ilcheva

400 Lakewood Circle East, Apt. E

Margate, FL 33063

(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:

/s/ Oscar Augusto Aguiar Jr

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.

Oscar Augusto Aguiar Jr

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)

FILED
2024 JUL 15 AM 9:47
CLERK OF DISTRICT COURT
STATE OF FLORIDA