7/17/24 12:04 AM Division of Corporations

Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP
Account Number : I20190000020
Phone : (786)953-7449
Fax Number : (786)953-7450

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

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FLORIDA LIMITED LIABILITY CO.
ABV CONSULTING SERVICES LLC

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

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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:
ABV CONSULTING SERVICES LLC

Article II

The street address of the principal office of the Limited Liability Company is:
8773 NW 142 LANE
MIAMI LAKES, FL. 33018

The mailing address of the Limited Liability Company is:
8773 NW 142 LANE
MIAMI LAKES, FL. 33018

Article III

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

Article IV

The name and Florida street address of the registered agent is:
ARMANDO B. VARONA
8773 NW 142 LANE
MIAMI LAKES, FL. 33018

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 obligations of my position as registered agent.

Registered Agent Signature: _____

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TALLAHASSEE, FL

Article V

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

Title: AMBR
ARMANDO B. VARONA
8773 NW 142 LANE
MIAMI LAKES, FL. 33018

Signature: _____

Title: AMBR
MARIA ELENA VARONA
8773 NW 142 LANE
MIAMI LAKES, FL. 33018

Signature: _____

Article VI

The effective date of this Limited Liability Company Shall be:

07/18/2024

Signature of member or an authorized representative:

Signature: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I am a member or authorized representative submitting these Articles of organization and affirm that the facts state herein 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.