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To:		
	Division of Co	rporations
	Fax Number	: (850)617-6381
From:		20
	Account Name	: BUSINESS WORLD TRANSACTIONS, INC.
		: 104512000707
	Phone	: (305)803-2736
	Fax Number	: (305)646-1527
Division of Corporations Fax Number : (850)617-6381 From: Account Name : BUSINESS WORLD TRANSACTIONS, INC. Account Number : 104512000707 Phone : (305)803-2736 Fax Number : (305)646-1527 **Enter the email address for this business entity to be used for future P		
		ngs.Enter only one email address please 🔆 🔊 👘
-	ail Address:	<u>ッたら</u>

## FLORIDA PROFIT/NON PROFIT CORPORATION LUXURY CLIMATE SOLUTION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00



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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

#### LUXURY CLIMATE SOLUTION, 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:
8325 SW 72ND AVE	8325 SW 72ND AVE
APT_ 105C MIAMI, FL 33143	APT. 105C
	MIAMI, FL 33143

# 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:

YADIRA M	MARIA VEGA	
	Name	
8325 SW 72ND	AVEAPT.105C	
Florida street address	s (P.O. Box NOT a	cceptable)
MIAMI	FL	33143
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. Thereby 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 ! am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 665. F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETIARY OF TALE.

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

Title: "AMBR" = Authorized Member	Name and Address;
"MGR" = Manager AMBR	YADIRA MARIA VEGA
	MIAMI, FL 33143
AMBR	REYNALDO JESUS HAZBUN APT. 105C MIAMI, FL 33143
<u> </u>	

(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

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,

DEALO	
<u>NEVA-IR</u>	ED 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.
	REYNALDO JESUS HAZBUN
	Typed or printed name of signee
\$125.001	Filing Fees:
\$ 30.001	Filing Fee for Articles of Organization and Designation of Registered Agent Certified Copy (Optional)
	Certificate of Status (Optional)