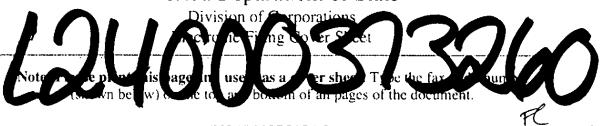
8/16/24, 11:14 AM

Division of Corporations

Florida Department of State



(((H24000275184 3)))



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 : AR LAW GROUP PLLC Account Number: I20230000079 Phone : (305)433-7701 Fax Number : (305)433-7709

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

Email Address: adrian@arlawgroupfl.com

FLORIDA LIMITED LIABILITY CO. COM PERMITS SPECIALIST LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

	ew Filing Secti ivision of Corp							
		ITTS SPECIALIS	TILC					
SUBJECT	``	Nao	e of Limit	ed Liabil	ity Company			
The enclose	sed Articles of C	Organization and	fec(s) are	submittec	for filing.			
Please retu	ım ail correspoi	ndence concernin	g this matt	er to the	following:			
	Adrian Lores	de la Pena					0 1	7621
				Name of	f Person			
	AR LAW GR	OUP PLLC						S 27
				Firm/C	ompany		:::::	-0
	8785 SW 165	TH AVE, STE I	03				SE SI	7021 AUS 27 PH 4: 32
	 -			Add	ress		- PE	32
	MIAMI, FLO	ORIDA 33193						
	 -			y/State a	nd Zip Code			
		RLAWGROUPF		- Grane	annual report notificat	ion)		
					mman report nouncat	104)		
For further	information cor	oceming this matt	er, please	call:				
	Adrian Lores	de la Pena	780 at (636-1001)			
	Name	e of Person		ea Code	Daytime Telephor	e Number		
Enclosed	is a check for th	ne following arrow	ant:					
	O Filing Fee	∰\$130.00 Filin Certificate of S	ng Fee &	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	S160.00 Fi Certificate of Certified Cop (additional cop)	Status & Dy	d)
	New F Division P.O. B	g Address iling Section on of Corporation ox 6327 assee, FL 32314	5	-	Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Str Tallahassee, FL 3230	nassee eet, Suite 810		

ARTICLES OF ORGANIZATION FUR FLORIDA LIMITED LIABILITY COMPANY

AKIR	TYPE OF CHICAL MAN LOW LOW LOW	THE PARTY OF THE P	
ARTICLE I - Name:			
The name of the Limited	Liability Company is:		
COM PERM	ITS SPECIALIST LLC		_
(M	ust contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address The mailing address and		of the Limited Liability Company is:	
	Principal Office Address:	Malling Address:	
9761 SW 15	STH AVE	9761 SW 155TH AVE	_
MIAMI, FLA	ORIDA 33196	MIAMI, FLORIDA 33193	-
(The Limited Liability Canother business entity	ered Agent, Registered Office, & Recompany cannot serve as its own Registith an active Florida registration.) In street address of the registered agent	stered Agent. You must designate an individual or	
THE DRIVE AND GRE FROM	th street andress or am references offer	41 64 4.	<u></u>
	LOTAX CORP		
	Na	me .	 ,
	8785 SW 165TH AVE, S	TE 103	
	Florida street address (P.	O. Box NOT acceptable)	~

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. The 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...

State

MIAMI

City

egistered Age Va Sanda (REQUIRED)

33193 Zip

(CONTINUED)

2024 AUG 27 PM 4: (

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	YISET ARAPET AVE 9761 SW 1551H MIAMI, FLORIDA 33193
	2021 S.J.
	- AUG 27
(Use attachment if necessary)	F. FL
ICLE V: Effective date, if other than the reffective date is listed, the date must been of filling.)	e date of filing: 08/16/2024 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days
ICLE V: Effective date, if other than the reflective date is listed, the date must ate of filing.) If the date inserted in this block does occurrent's effective date on the Depart ICLE VI: Other provisions, if any.	e date of filing: 08/16/2024 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be lit
ICLE V: Effective date, if other than the a effective date is listed, the date must late of filing.) If the date inserted in this block does locument's effective date on the Depart ICLE VI: Other provisions, if any.	to date of filing: 08/16/2024 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be lignent of State's records.

\$125,00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5,00 Certificate of Status (Optional)