

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000084238 3)))



H250000842383ABC%

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

SECOND REQUEST

From:
Account Name : MANRIQUE GROUP INC
Account Number : I20230000155
Phone : (305)794-3714
Fax Number : (754)755-3388

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

Email Address: Manriquegroupinc@gmail.com

FLORIDA LIMITED LIABILITY CO.
AZO GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

FILED
2025 MAR -7 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2025 MAR -7 AM 10:01

FLORIDA DEPARTMENT OF STATE

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

**Articles of Organization
For
Florida Limited Liability Company**

Article I

The name of the Limited Liability Company is:

AZO GROUP LLC

Article II

The street address of the principal office of the Limited Liability Company is:

611 NE 3RD STREET
HALLANDALE BEACH, FL. 33009

The mailing address of the Limited Liability Company is:

611 NE 3RD STREET
HALLANDALE BEACH, FL 33009

Article III

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

MAGDALENA AZORIN - AMBR
611 NE 3RD STREET
HALLANDALE BEACH FL. 33009

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.

Registered Agent Signature: *Magdalena Azorin*

FILED
2025 MAR -7 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FL

Article IV

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

Title: AMBR
MAGDALENA AZORIN - AMBR
611 NE 3RD STREET
HALLANDALE BEACH, FL 33009

Article V

The effective date for this Limited Liability Company shall be:

03/06/2025

Signature of member or an authorized representative

Electronic Signature: *Magdalena Azorin*

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated 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 formation of the LLC and every year thereafter to maintain "active" status.

FILED

2025 MAR -7 AM 10:04

**SECRETARY OF STATE
TALLAHASSEE, FL**