

4/27/2021

Division of Corporations

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FLORIDA LIMITED LIABILITY CO.
ADMINISTRATION AND ASSISTANTS OFFICE LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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4/30/2021 11:01:32 AM PAGE 1/001 Fax Server



April 30, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXPRESS

SUBJECT: ADMINISTRATION AND ASSISTANTS OFFICE LLC
REF: W21000059223

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Tammi Cline
Regulatory Specialist II Supervisor

FAX Aud. #: H21000167673
Letter Number: 221A00009007

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Administration and Assistants Office LLC
(Must end with 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:

13499 Biscayne Blvd.
Suite T-3
North Miami FL 33181

Mailing Address:

13499 Biscayne Blvd.
Suite T-3
North Miami FL 33181

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.)

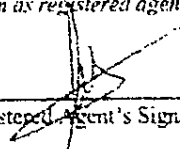
The name and the Florida street address of the registered agent are:

Brancofole Services L.L.C.
Name

13499 Biscayne Blvd. Ste T-3
Florida street address (P.O. Box **NOT** acceptable)

North Miami FL 33181
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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

Fernando Toppito
13499 Biscayne Blvd #3
North Miami, FL 33181

Andrea Andrade
13499 Biscayne Blvd #3
North Miami, FL 33181

(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:



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.

Andrea Andrade
Typed or printed name of signer

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)