

7/5/24, 3:23 PM

124000299401

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

(((H24000229934 3)))

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.

(((H24000229934 3)))



H240002299343ABC2

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 : YOUR DREAM SERVICES CORP.
Account Number : I20200000137
Phone : (786)660-0108
Fax Number : (786)364-1047

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
Finishes and porcelain MF LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

RECEIVED
2024 JUL -8 AM 9:25
DIVISION OF CORPORATIONS
FINANCIAL SERVICES

FILED
2024 JUL -8 PM 1:00
RR

Electronic Filing Menu Corporate Filing Menu Help

(((H24000229934 3)))

(((H24000229934 3)))

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Finishes and Porcelain MF LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marco Antonio Fuquen Buitrago

Name of Person

Marco Antonio Fuquen Buitrago

Fin Company

3821 SE 99 Avenue

Address

Miami FL 33165

City/State and Zip Code

finishesandporcelainmf@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marco Fuquen

786

237 1477

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(((H24000229934 3)))

(((H24000229934 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Finishes and Porcelain MF 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:3821 SE 99 AvenueMiami FL 33165**Mailing Address:**3821 SE 99 AvenueMiami FL 33165**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:

Your Dream Multiservices CorpNm9554 Nw 41st StFlorida street address (P.O. Box **NOT** acceptable)DoralFL33178CityStateZip

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 ~~his~~ **his** 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~~ **Chapter** 605, F.S.

Isamar TorresRegistered Agent's Signature (**REQUIRED**)

(CONTINUED)

2024 JUL -5 PM 1:00
 FILE
 2024 JUL -5 PM 1:00

(((H24000229934 3)))

((H24000229934 3))

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Marco Antonio Fuquen Buitrago

3821 SE 99 Avenue

Miami FL 33165

(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.

The economic activity of the company will be primarily focused on the construction industry. This includes, but is not limited to, residential, commercial, and industrial construction projects, renovations, and general contracting services.

REQUIRED SIGNATURE:

Marco Antonio Fuquen Buitrago

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.

Marco Antonio Fuquen Buitrago

Typed or printed name of **signe**

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)

2024 JUL -6 PM 1:00
FEB 20

((H24000229934 3)))