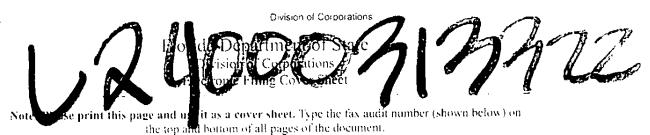
TO:19506176381 FROM:5614675851

Page: 1

H240002411733

16/7/24, 1,49 p.m.



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

10:

Division of Corporations

Fax Number

: (S50)á17-6381

From:

Account Name : LATIN AMERICAN TAXPRO

Account Number : I28220000106 : (487)318-0823 Fax Number : (561)467-5851

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

FLORIDA LIMITED LIABILITY CO. REMODELING, PAINT & MORE LLC

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

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COVER LETTER

	ew Filing Sect ivision of Cor				
		ING PAINT & MORE LL	.C		
SUBJECT	:	Name of Lim	ited Lubil	ty Company	
The enclos	ed Articles of (Organization and fee(s) are	submitted	for filing.	
Please retu	rn all correspo	ndence concerning this ma	tter to the f	following:	
	ALFREDO J	OSE, CASTANO ORTEG	A		
			Name of	Person	
			Firm'Cc	mpany	
	1658 SKY L	AKES DR			
			Addi	ess	
	SAINT CLO	OUD, FLORIDA, 34769			
	CONTABILI	C DAD@DGMNOW.COM	ity/State at	id Zîp Code	
		E-mail address: (to be used	for future	innual report notificati	on)
or further	nformation co	neerning this matter, please	call:		
	ALFREDO J	OSE, CASTANO 40)7	552 9294	
		e of Person A	rea Code	Daytime Telephon	e Number
Enclosed	s a check for t	he following amount:			
□\$125.0) Filing Fee	■\$130,00 Filing Fee & Certificate of Status	Certit	5,00 Fifing Fee & ied Copy nal copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclose
				Carrie A. I. Harrier	

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

H240002411733

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	TCI	ÆŢ	- >	ame:
71				1 insita.

The name of the Limited Liability Company is:

REMODELING PAINT & MORE 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:
1658 SKY LAKES DR	1658 SKY_LAKES DR
SAINT CLOUD FLORIDA 34769	3.411.7 (3.47.47)

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 (egistered agent are)

ALFREDO JOSE, CA	STANO ORTEGA	
	Name	
1658 SKY LAKES D	ĸ	
Florida street address	(P.O. Box <u>XOT</u> acce	ptable)
SAINT CLOUD	FLORIDA	34769
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-

H240002411733

		Name and Address:
	orized Member	
"MGR" = Manag	ger	
MGR		ALFREDO JOSE, CASTANO ORTEGA
		1658 SKY LAKES DR SAINT CLOUD FLORIDA 34769
		SAINT CLOCAL FISCHING CONST
		TO A STRUMENT A FRANCIA AND AND AND A FILE CONTRACTOR AND A STRUMENT AND A STRUME
MGR		JEANETTE LUCIA, CASTANO VALLECILLO
		1658 SKY LAKES DR SAINT CLOUD FLORIDA 34769
		
		
E V: Effective d ective date is list	ed, the date must be spec	f filing:
E V: Effective dective date is list of filing.) (the date inserted ment's effective	in this block does not me date on the Department of isions, if any.	ret the applicable statutory filing requirements, this date will not be f State's records.
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E V: Effective dective date is list of filing.) The date inserted ment's effective E VI: Other prov	ate, if other than the date of ed, the date must be specification this block does not mediate on the Department of isions, if any. GNATURE: Signature of a ment of this document is executed am aware that any false a constitutes a third degree.	ret the applicable statutory filing requirements, this date will not be f State's records. The applicable statutory filing requirements, this date will not be f State's records. The applicable statutory filing requirements, this date will not be f State's records. The applicable statutory filing requirements, this date will not be factor of State of State and applicable statutory filing requirements of a member. The applicable statutory filing requirements, this date will not be formation of State

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)