

2/19/25, 11:00 AM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : CORPOLICENSE, INC
Account Number : 120050000118
Phone : (305)774-9606
Fax Number : (305)774-9660

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

Email Address: pensod@gmail.comFLORIDA LIMITED LIABILITY CO.
OP CONTRACTORS, LLC

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
OF
OP CONTRACTORS, LLC**

ARTICLE I - NAME:

The name of the Limited Liability Company is:

OP CONTRACTORS, LLC

ARTICLE II - ADDRESS:

The mailing and principal address of the Limited Liability Company is:

**PRINCIPAL ADDRESS: 3952 Township Square Blvd, Apt 1211
Orlando, FL 32837**

**ARTICLE III - Registered Agent, Registered Office, & Registered
Agent's Signature:**

The Registered Agent designated is: **DANIEL PENSO-FUGUET**

**3952 Township Square Blvd, Apt 1211
Orlando, FL 32837**



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.

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ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>TITLE:</u>	<u>NAME AND ADDRESS</u>
MGR	DANIEL PENSO-FUGUET 3952 Township Square Blvd, Apt 1211 Orlando, FL 32837



DANIEL PENSO-FUGUET
Manager

2025 FEB 19 PM 3:41

(In accordance with section 605.0201, Florida Statutes,
The execution of this document constitutes an affirmation under
The penalties of perjury that the facts stated herein are true)

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