

L04000005617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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Mario E. Ordóñez

1719 N. Central Ave.

Apt. 39

Kissimmee, FL 34741

Certified

Special Instructions to Filing Officer:

Name
Availability

Document

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Office Use Only

Signature

Verifier

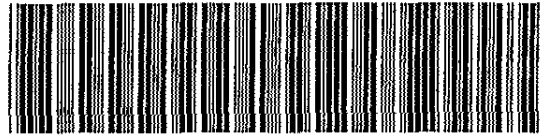
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Acknowledgement

DCC

P. Verifier

DCC



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JAN 22 2004

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Signature



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

December 24, 2003

MARIO E. ORDONEZ
1719 N CENTRAL AVE., APT 39
KISSIMMEE, FL 34741

SUBJECT: MARCOS DRYWALL REPAIRS L.L. CO.
Ref. Number: W03000039199

We have received your document for MARCOS DRYWALL REPAIRS L.L. CO. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 103A00068625

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

MARIO Dry wall Repair L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

1719 N Central Ave Apt 39
Kissimmee FL 34741-3358

Mailing Address:

1719 N Central Ave Apt 39
Kissimmee FL 34741-3358

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

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

MARIO Alexander Ordonez
Name

1719 N. Central Ave Apt 39
Florida street address (P.O. Box NOT acceptable)

Kissimmee FLORIDA 34741-3358
City, State, and 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 608, Florida Statutes..


Registered Agent's Signature

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

_____	_____
_____	_____
_____	_____
<u>MGRM</u>	<u>JUAN JOSE ALVAREZ</u>
_____	<u>710 PELICAN CT.</u>
_____	<u>KISSIMEE FL 34759</u>
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

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SECRETARY OF STATE
CORPORATE

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

X

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JUAN JOSE ALVAREZ

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)