L04000005617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

Mario E. Ordonez
1719 N. Central Ave.
Apt. 39
Kissimmee, Fl. 34741

Certifi

Special Instructions to Filing Officer:

Office Use Only

Verifyer	DCC
Acknowledgement	DCC
P. Verifyer	DCC

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12/15/03--01008--005 **125.00

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:

Marios Dry Wall Repairs 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:	**Mailing Address:**
1719 N Central Ave Apt 39	1719 N Central Ave Apt 39
Kissimmee Fl 347413358	Kissimmee Fl 34741-3358

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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:**
MGRM	JUAN JOSE ALVAREZ 710 PELICAN CT. KISSIMMEE FL 34759

(Use attachment if necessary)

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SECRETARY OF STATE

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

REQUIRED SIGNATURE:

V _____
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)