

7/13/2020

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Florida Department of State  
Division of Corporations  
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Fax Number : (850)617-6381

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FLORIDA LIMITED LIABILITY CO.  
AMM BROTHER'S REMODELING LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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T. BURCH  
JUL 22 2020



July 20, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

TPBS CORP

SUBJECT: AMM REMODELING LLC  
REF: W20000075438

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

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If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Senior Section Administrator

FAX Aud. #: H20000221688  
Letter Number: 220A00013588

H2000022168B3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMM BROTHER'S REMODELING 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:

6195 NW 186 ST APT 419  
HALEAH, FL 33015

Mailing Address:

6195 NW 186 ST APT 419  
HALEAH, FL 33015

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:

YOSLANDI PEREZ DOMINGUEZ

Name

6195 NW 186 ST APT 419

Florida street address (P.O. Box **NOT** acceptable)

HALEAH

FL

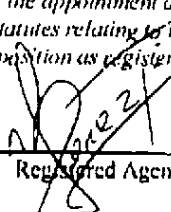
33015

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)

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**ARTICLE IV-**

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

**Title:**  
"AMBR" Authorized Member  
"MGR" -- Manager

**Name and Address:**

MGR	YOESLANDI PEREZ DOMINGUEZ
	6195 NW 186 ST APT 419
	HIALEAH, FL 33015

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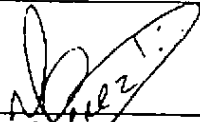
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



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.

\_\_\_\_\_  
Yoelandi Perez Dominguez  
Typed or printed name of signee

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