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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

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Account Name : ARMANDO TAXES LLC Account Number : I20200000170

: (305)803-4427 Phone Fax Number

: (305)402-6230

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

Email Address: armando@armandotaxes.com

FLORIDA LIMITED LIABILITY CO. PROLAM FLOORS LLC

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Page Count	04
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	New Filing Section			
1	Division of Corporations			
SUBJEC.	PROLAM FLOORS LLC			
	Na	me of Limited Liab	lity Company	
he enclo	sed Articles of Organization and	fee(s) are submitte	d for filing.	
lease rett	um all correspondence concerni	ng this matter to the	following:	
	Armando Vasquez			
		Name o	f Person	
	Armando Taxes LLC			
		Firm/C	ompany	
	5721 NW 112th Ave Apt 108			
		Add	ress	
	Doral, FL 33178			
	2-12-de @d	City/State ar	ıd Zip Code	
	armando@armandotaxes.com E-mail address: fre	he used for future	unnual report notification)	
or further i	nformation concerning this mart		amuar report normeation)	
	Armando Vasquez	305	803-4427	
	Name of Person	at (Area Code	Daytime Telephone Number	{

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

(additional copy is enclosed)

Certified Copy

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certificate of Status &

Certified Copy (additional copy is enclosed)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

ARTICLE t - Name:

The name of the Limited Liability Company is:

Page: 3 of 4

PROLAM FLOORS 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:

13054026230

3940 NW 79th Ave # 511 Doral, FL 33166

3940 NW 79th Ave # 511 Doral, FL 33166

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:

Lissy Johana Querales

Name

3940 NW 79th Ave # 511

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

Dora1

City

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 um familiar with and accept the obligations of my position de registered age/u as/provided for in Chapter 605, F.S.

ed 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 Mem "MGR" = Manager	Nama and Addisson	
AMBR	LISSY JOHANA QUERALES 3940 NW 79th Ave # 511 Doral FL 33166	
date of filing.) te: If the date inserted in this block a	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 day oes not meet the applicable statutes. Gi	ys afte
TICLE V: Effective date, if other that an effective date is listed, the date in date of filing.) te: If the date inserted in this block of document's effective date on the Department.	oes not meet the applicable statutory filing requirements, this date will not be partment of State's records.	ys afte listed
TICLE V: Effective date, if other that an effective date is listed, the date mediate of filling.) 10: If the date inserted in this block of document's effective date on the Department of the	oes not meet the applicable statutory filing requirements, this date will not be partment of State's records.	ys afte listed
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