

L22000445154

(Requestor's Name)

(Address)

(Address)

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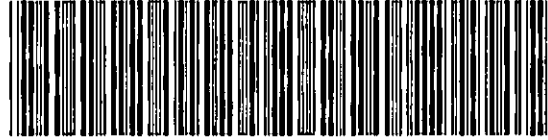
(Business Entity Name)

(Document Number)

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STATE OF MASSACHUSETTS  
FALL MASS SPECTRUM

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DO

D. O'KEEFE

OCT 18 2022

Transmittal Letter

To: Registration Section  
Division of Corporations

SUBJECT: Premium Demolition, LLC  
kpromanhair@gmail.com

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ron Mulchi, Attorney at Law  
1101 North Lake Destiny Rd, Suite 350  
Maitland, FL 32751

For further information concerning this matter, please call:

Ron Mulchi

321 263 0800

Enclosed is a check for \$125.00

MAILING ADDRESS:  
New Filing Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314  
850 245 6000

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

**ARTICLE 1 – Name**

The name of the Limited Liability Company is:

Premium Demolition, LLC

**ARTICLE 2 – Address**

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

Principal Office Address

Mailing Address

2224 Shadowland Loop  
Winter Park, FL 32792

2224 Shadowland Loop  
Winter Park, FL 32792

**ARTICLE 3 – Registered Agent, Registered Office, & Registered Agent’s Signature**

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

Ron Mulchi, Attorney at Law  
1101 North Lake Destiny Rd, Suite 350  
Maitland, FL 32751

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, Florida Statutes.



\_\_\_\_\_

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TALLAHASSEE, FLORIDA

**ARTICLE 4 – Managing Member**

The name and address of the AMBR is as follows:

Title	Name and Address
AMBR	Gabriel J Pena 2224 Shadowland Loop Winter Park, FL 32792
AMBR	Kaella B Pena 2224 Shadowland Loop Winter Park, FL 32792

**ARTICLE 5 – Effective date**

The effective date shall be October 1, 2022

In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.



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Ron Mulchi  
Authorized Representative

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STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA