

**L22000489411**

Division of Corporations

Florida Department of State  
Division of Corporations

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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H220003835043ABC.

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : LICENSES & PERMITS LLC  
Account Number : I20210000155  
Phone : (305)226-8727  
Fax Number : (305)226-8767

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
Everglades Painting Contractors LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2022-11-17 PM 12:20

22 NOV 17 PM 12:35  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

*CK*

11/17/2022 00:22  
850-617-6381

(FAX)  
11/16/2022 4:38:57 PM PAGE 1/001 Fax Server

P.001/005



November 16, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LICENSES & PERMITS LLC

SUBJECT: EVERGLADES PAINTING CONTRACTORS LLC  
REF: W22000143549

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 registered agent must sign accepting the designation.

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

Dil Sultana  
Regulatory Specialist II

FAX Aud. #: E22000383504  
Letter Number: 022A00025571

22 NOV 17 PM 12:35  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: Everglades Painting Contractors LLC**  
\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Lucia Estrella  
\_\_\_\_\_  
Name of Person

Licenses & Permits LLC  
\_\_\_\_\_  
Firm/Company

8300 W Flagler St Suite 114  
\_\_\_\_\_  
Address

Miami, Fl 33144  
\_\_\_\_\_  
City/State and Zip Code

licenses114@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lucia Estrella                      305                      2268727  
\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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

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TALLAHASSEE DIVISION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Everglades Painting Contractors 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:

2141 SW 35 Ave  
Fort Lauderdale, Fl 33312

Mailing Address:

2141 SW 35 Ave  
Fort Lauderdale, Fl 33312

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.)

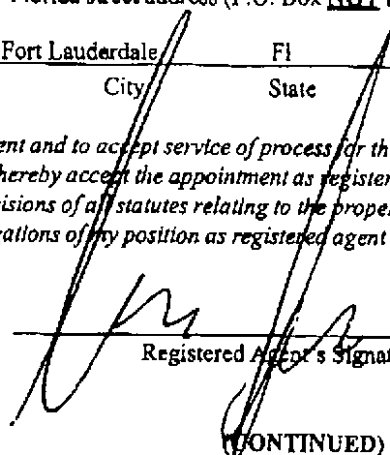
The name and the Florida street address of the registered agent are:

Javier Pereira  
Name

2141 SW 35 Ave  
Florida street address (P.O. Box **NOT** acceptable)

Fort Lauderdale, Fl 33312  
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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FALL LAMARSON, FLORIDA

**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 \_\_\_\_\_

Javier Pereira  
2141 SW 35 Ave  
Fort Lauderdale, FL 33312

MGR \_\_\_\_\_

Yuselis Ledon  
2141 SW 35 Ave  
Fort Lauderdale, FL 33312

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

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

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: Nov 9, 2022 (OPTIONAL)

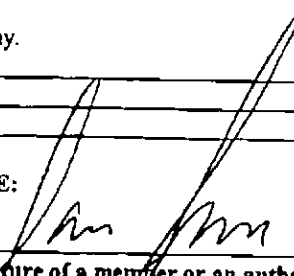
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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:**

  
\_\_\_\_\_  
\_\_\_\_\_  
Javier Pereira

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.

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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DEPARTMENT OF STATE  
CORPORATION DIVISION