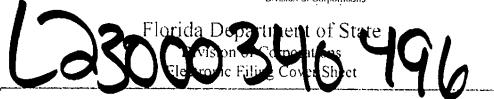
7/18/23, 2:16 PM

Division of Carporations



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.

(((H23000251073 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page Doing so will generate another cover sheet.

To:

Page: 2 of 4

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 : (305)444-4994 Phone Fax Number : (305)328-4774

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. BACKFLOW PLUMBING REPAIR LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BACKFLOW PLUMBING REPAIR 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:

5135 SW 113 CT	5135 SW 113 CT
MIAMI, FL. 33165	MIAML FL 33165

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:

RUDY RAUDEZ		
	Name	
5135 SW 113 CT		
Florida street addr	ess (P.O. Box <u>NOT</u> ac	(ceptable)
MIAMI	FI.	33165
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)

"AMBR" = Authoriz	Name and Address:
"MGR" = Manager	
AMBR	RUDY RAUDEZ
	5135 SW 113 CT
	MIAMI, FL 33165
ffective date is listed, ti	Cother than the date of filing:
CLE V: Effective date, i effective date is listed, to e of filing.) If the date inserted in the cannent's effective date	Other than the date of filing:
CLE V: Effective date, iffective date is listed, the of filling.) If the date inserted in the cament's effective date. TLE VI: Other provision	Other than the date of filing:
CLE V: Effective date, if effective date is listed, the of filling.) If the date inserted in the cument's effective date. CLE VI: Other provision	Other than the date of filing:
CLE V: Effective date, i effective date is listed, to e of filling.) If the date inserted in the cument's effective date CLE VI: Other provision REQUIRED SIGNA	Cother than the date of filing:
CLE V: Effective date, i effective date is listed, to e of filling.) If the date inserted in the cument's effective date CLE VI: Other provision REQUIRED SIGNA	Cother than the date of filing:
CLE V: Effective date, i ffective date is listed, ii e of filling.) If the date inserted in th cannent's effective date CLE VI: Other provision REQUIRED SIGNA	Other than the date of filing:
CLE V: Effective date, i effective date is listed, the of filling.) If the date inserted in the carnet's effective date CLE VI: Other provision REOURED SIGNA This i am	Cother than the date of filing:
CLE V: Effective date, i effective date is listed, the of filling.) If the date inserted in the carnet's effective date CLE VI: Other provision REOURED SIGNA This i am	Ture: Signature of a member or an authorized representative of a member, document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, aware that any false information submitted in a document to the Department of State saturation.