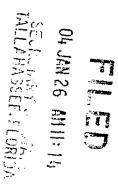
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(Rec	juestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer;	
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TRANSMITTAL LETTER

то:	Registration Section Division of Corporations			
SUBJE		······		
	(Name of Limited Liability Company)			
The end	closed Articles of Organization and fee(s) are submitted for filing.			
	Please return all correspondence concerning this matter to the following:			
	Orlando Berovides			
	(Name of Person)			,
	ORLANDO SCREEN REPAIRS LLC	-		
	(Firm/Company)	PACE TO SERVICE TO SER	0	
	13732 S.W. 16 Terrace	N S	HU H	- Carrier
-	(Address)	ASS	JAN 26	# # # # # # # # # # # # # # # # # # #
	Miami Florida 33175	û Çi⊸	AH	
	(City/State and Zip Code)	- CO	=	
For furt	ther information concerning this matter, please call:	LORIDA	=	******
	Orlando Berovides at 305) 5514919			
	(Name of Person) (Area Code & Daytime Telephone Number	:)		

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

OL JAN 26 AM II: IL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Lir	•	• •			
ORLANDO	SCREEN REPAI	RS LLC			
ARTICLE II - Add The mailing address		of the principal o	office of the Lin	nited Liabilit	y Company
Principal Office A	ddress:		Mailing Add	ress:	
13732 S.W.	16 Terrace		13732 S	w 16 T	errace.
Miami Flor	ida 33175		miami	Florida	33175
		•	•	Agent's Sign	ature:
	lorida street addres	•	•	Agent's Sign	ature:
	lorida street addres	s of the registered	•	Agent's Sign	ature:
	Orlando	s of the registered Berovides	d agent are:	-	ature:
	Orlando 13732 S.W.	Berovides Name	d agent are:	-	ature:
ARTICLE III - Re The name and the F	Orlando 13732 S.W. Florida street ad	Berovides Name 16 Terrace ddress (P.O. Box NO	d agent are:	-	afure:

Having been <u>named as registered agent and to accept service of process for the above stated limited liability</u> 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 608, Florida Statutes..

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:				
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	ITASSELF		
Orlando Berovides	13732 S.W. 16 Terrace			
(owner)	Miami Florida 33175	- Riv		

(Use attachment if necessary)				
NOTE: An additional article must be	e added if an effective date is requested.			
REQUIRED SIGNATURE:	athorized representative of a member.			
(In accordance with section 608 of this document constitutes an a	.408(3), Florida Statutes, the execution affirmation under the penalties of perjury			
mat the facts stated herein are tr	ue.)			
Orlando Be Typed or pr	rovides inted name of signee			

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)
\$ /60.65