

L04 0000 32962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

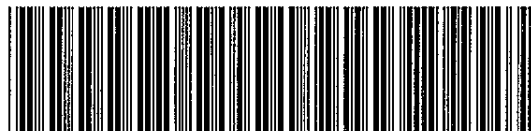
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TALLAHASSEE, FLORIDA
04 APR 30 AM 11:55

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04 APR 30 AM 11:54
DIVISION OF CORPORATION

4/30
JUST

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Castillo Roofing 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:

Donald Evarasto Castillo Jr
(Name of Person)

Castillo Roofing LLC
(Firm/Company)

140 Nash Rd
(Address)

1aumont Fl 32336
(City/State and Zip Code)

For further information concerning this matter, please call:

Donald Evarasto Castillo Jr at (850) 694-9144
(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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Castillo Roofing LLC

ARTICLE II - Address:

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

Principal Office Address:

140 Nash Rd
Lamont FL
32336

Mailing Address:

140 Nash Rd
Lamont FL
32336

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

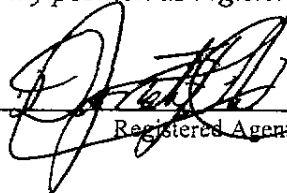
Donald Evaristo Castillo Jr
Name

140 Nash Rd
Florida street address (P.O. Box NOT acceptable)

Lamont FL 32336
City, State, and Zip

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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 608, F.S..



Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Donald Castillo Jr
140 Nash Rd
Lamont FL 32336

MGRM

Jean Castillo
140 Nash Rd
Lamont FL 32336

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TALLAHASSEE, FLORIDA
04 APR 30 AM 11:55

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Jean Castillo
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jean Castillo
Typed or printed 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)