

LOH000070720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Secretary	
Document	
Register	DCC
Office Use Only	DCC
	DCC
Management	DCC
P. Verifier	DCC



500041200315

09/24/04--01088--001 **160.00

FILED

2004 SEP 24 A 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RENOVATION SPECIALTIES OF FLORIDA, 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:

VINCENT CEVASCO
(Name of Person)

REOVATION SPECIALTIES OF FLORIDA, LLC
(Firm/Company)

9150 WEST ATLANTIC BLVD APARTMENT 1737
(Address)

CORAL SPRINGS, FLORIDA 33071
(City/State and Zip Code)

For further information concerning this matter, please call:

Vincent Cevasco
(Name of Person)

at (754) 368-2006
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 24 10 17

FILED

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

RENOVATION SPECIALTIES OF FLORIDA, LLC

ARTICLE II - Address:

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

Principal Office Address:

9150 West Atlantic Blvd #1736
Coral Springs, Florida 33071

Mailing Address:

9150 West Atlantic Blvd #1736
Coral Springs, Florida 33071

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

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

Vincent Cevalasco

Name

9150 West Atlantic Blvd #1736

Florida Street Address (P.O. Box **NOT** Acceptable)

Coral Springs, Florida 33071

City, State, and 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 608, Florida Statutes..



Registered Agent's Signature

FILED
2004 SEP 24 A 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGR

Vincent Cevasco
9150 West Atlantic Blvd #1736
Coral Springs, Florida 33071

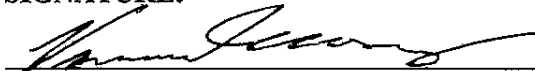
MGR

Tom Pichardo
807 north 32nd Court
Hollywood, Florida 33021

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

Vincent Cevasco

Typed or printed name of signee

FILED
2004 SEP 24 A 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)