

LO4 0000 73925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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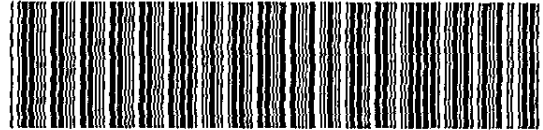
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF REVENUE
TREASURY DEPARTMENT

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: E. Silva Masonry, LLC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☒ ~~\$78.75~~ 125.00
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Eseguiel Silva
Name (Printed or typed)

3296 NW Ave 11
Address

Winter Haven, Florida 33881
City, State & Zip

863-557-8280
Daytime Telephone number

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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF ORGANIZATION

E Silva Masonry, LLC.

A LIMITED LIABILITY COMPANY

(Pursuant to Chapter 608, Florida Statutes)

1. **Name.** The name of the limited liability company is E Silva Masonry, LLC..
2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.
3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

3296 NW Ave U Winter Haven, Florida 33881
4. **Mailing Address.** The mailing address of the limited liability company is:

3296 NW Ave U Winter Haven, Florida 33881
5. **Management.** The limited liability company is to be managed by one or more members and is, therefore, a member-managed company.
6. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida street address of the registered agent is:

Esequiel Silva
3296 NW Ave. U
Winter Haven, Florida 33881


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 provisional 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.

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CLERK OF COURT
STATE OF FLORIDA

Esequiel Silva

7. **Effective Date.** The effective date of the limited liability company shall be the date of filing unless otherwise stated below:

October 11, 2004



Esequiel Silva
Member

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

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