L07000021604

(Requestor's Name)
(Address)
(
(Address)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations -OSSYS RESTORATION 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: OSVALDO TIRADO (Name of Person) RESTORATION LLC OSSYS (Firm/Company) 512 LEISURE PLACE (Address) LAKELAND FLORIDA 33801 (City/State and Zip Code) For further information concerning this matter, please call: at (863) 868-8871 (Area Code & Daytime Telephone Number) HECTOR I VELAZQUEZ (Name of Person) Enclosed is a check for the following amount: ☐ \$155.00 Filing Fee & ▼ \$125.00 Filing Fee \$130.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address Street/Courier Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



December 6, 2006

OSVALDO TIRADO 512 LEISURE PLACE LAKELAND, FL 33801

SUBJECT: OSSYS RESTORATION LLC

Ref. Number: W06000052722

We have received your document for OSSYS RESTORATION LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on December 5, 2006. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Letter Number: 506A00069907

Leslie Sellers Document Specialist

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	RESTORATION LLC
(Must end with the words "Limited Liability Compa	any, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
OSVALDO TIRADO	TAX USA & BUSINESSSOLUTIONS
512 PLEISURE PLACE	1635 LÄKEWÖÖD DR SOUTH
LAKELAND FLORIDA 33801 ARTICLE III - Registered Agent, Re	egistered Office, & Registered Agent's Signature:
LAKELAND FLORIDA 33801 ARTICLE III - Registered Agent, Re	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are:
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address HECTO	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are: R VELAZQUEZ
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address HECTO	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are: R VELAZQUEZ Name
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address HECTO TAX USA & Florida	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are: R VELAZQUEZ Name BUSINESS SOLUTIONS

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..

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

2007 MAR -9 PM 1:30
SECRETARY OF STATE

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

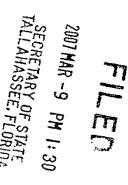
The name and address of each Manager or Managing Member is as follows:

Title:		Name and Address:	
"MGR" = Ma			
"MGRM" = N	lanaging Member		
MGR		OSVALDO TIRADO	
WOR		512 PLEIUSURE	
		LAKELAND FLORIDA 33801	
		EARELAND FLORIDA 33001	. .
			<u> </u>
			
			· ·
			
(Use attachme	ent if necessary)		
CLE V: Effecti effective date is 0 days after the	ve date, if other than the listed, the date must be date of filing.)	date of filing: (specific and cannot be more than five bu	
CLE V: Effecti effective date is 0 days after the	ve date, if other than the listed, the date must be	date of filing:	
CLE V: Effecti effective date is days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE:	date of filing:	siness days prio
CLE V: Effecti effective date is 0 days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a/member (In accordance with sec	date of filing:	siness days prio
CLE V: Effecti effective date is 0 days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a/member of this document constitutat the facts stated here.	date of filing:	siness days prio

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2



IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE P.O. BOX 9003 HOLTSVILLE NY 11742-9003

> 001345.339051.0008.001 1 AB 0.317 530

> > OSSYS RESTORATION LLC OSVALDO TIRADO MBR 1635 LAKEWOOD DRIVE SOUTH

LAKELAND FL 33813

001345

Date of this notice: 11-17-2006

Employer Identification Number: 20-5867340

Form: SS-4

Number of this notice: CP 575 B

For assistance you may call us at 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 20-5867340. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

Based on the information from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

02/15/2008

If you have questions about the form(s) or the due dates(s) shown, you can call or write to us at the phone number or address at the top of the first page of this letter. If you need help in determining what your tax year is, see Publication 536, Accounting Periods and Methods, available at your local IRS office or you can download this Publication from our Web site at www.irs.gov.

We assigned you a tax classification based on information obained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination on your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1,2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue.)