

40000043218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

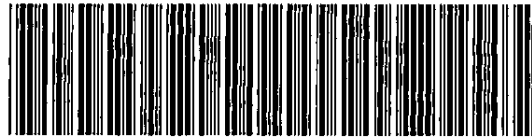
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/09/10--01014--010 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 21 PM 4:20

T. HAMPTON

APR 22 2010

EXAMINER

469710010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Opus Sectle 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:

Conrado Flores

Name of Person

Opus Sectile LLC

Firm/Company

2100 N Powerline Rd.

Address

Pompano Beach FL 33069

City/State and Zip Code

Conrado@opussectile.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Conrado Flores

Name of Person

at (954) 873-7716

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 APR 21 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 12, 2010

CONRADO FLORES/MEGAN D MCGUGAN
2100 N POWERLINE RD
BAY 3
POMPANO BEACH, FL 33069-1213

SUBJECT: OPUS SECTILE LLC
Ref. Number: W10000017696

We have received your document for OPUS SECTILE 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):

The document is illegible and not acceptable for imaging.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 510A00008923

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Opus Sectile LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

2100 N Powerline Rd, Bay #3

Pompano Beach FL 33069

Mailing Address:

2100 N Powerline Rd, Bay #3

Pompano Beach FL 33069

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Conrado Flores

Name

2100 n. Powerline Rd. Bay #3

Florida street address (P.O. Box **NOT** acceptable)

Pompano Beach

FL 33069

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, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

Conrado Flores

2100 N Powerline Rd Bay #3

Pompano Beach Fl 33069-1213

MGR

Megan D McGugan

309 Pallo Alto Way

Austin TX 78732

MGRM

Rodney G Mogen

309 Pallo Alto Way

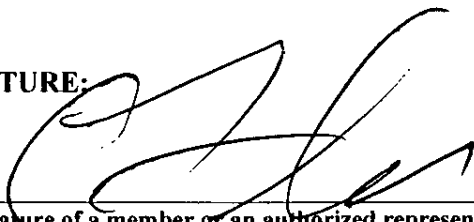
Austin TX 78732

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Conrado Flores

Typed or printed name of signee

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 21 PM 4:20