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Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110000326883)))



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To:

Division of Corporations

Fax Numbor

Fax Number : (850) 617-6383

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number: 104512000707 : (305)803-2736 Phone : (305)381-2286

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

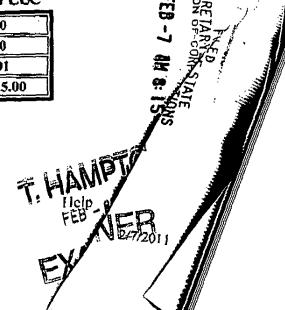
FLORIDA LIMITED LIABILITY CO. VARONA BROTHERS PAINTING LUC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

https://cfile.sunbiz.org/scripts/efilcovr.exe



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VARONA BROTHERS PAINTING LLC

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

ARTICLE II - Address:

Deleginal Office Address.

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

Mailing Address.

Fineight Office Address:	Maning Address:
1128 N.E. 39 AVE	1128 N.E. 39 AVE.
HOMESTEAD, FL. 33033	HOMESTEAD, FL. 33033
	· · · · · · · · · · · · · · · · · · ·

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Limite

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

FERNANDO VARO	NA
N:	ame
1128 N.E. 39 A	VE.
Florida stree	t address (P.O. Box NOT acceptable)
HOMESTEAD	_{FL} 33033
City	y, 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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE IV- Manager(s) or Managing Member(s)	LE IV- Manager(s) or Managing Mc	mber(s):	=
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The name and address of each Manager or Managing Member is as follows:

MGRM	FERNANDO VARONA	
	1128 N.E. 39 AVE.	
	HOMESTEAD, FL. 33033	
MGR	RENE VARONA	
	1128 N.E. 39 AVE.	
	HOMESTEAD, FL. 33033	
·		
Use attachment if necessary)	•	
.F. V: Effective date: if other than the	e date of filing:	AOITTO).

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

FERNANDO VARONA

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)

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SECRETARY OF STATE STATE OF CORPORATIONS