

#L 11000034999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

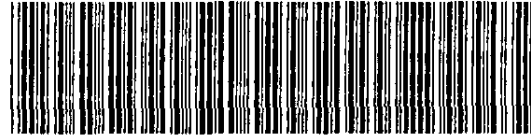
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800197648798

03/14/11--01022--020 \*\*160.00

FILED  
11 MAR 22 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
MAR 23 2011



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 15, 2011

MIGUEL BELLO  
175 FONTAINEBLEAU BLVD  
SUITE 1 R  
MIAMI, FL 33172

SUBJECT: MOLD BUSTERS OF SOUTH FLORIDA LLC.  
Ref. Number: W11000014882

We have received your document for MOLD BUSTERS OF SOUTH FLORIDA LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6870.

Karen A Saly  
Regulatory Specialist II

Letter Number: 111A00006320

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MOLD BUSTERS OF SOUTH 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:

**MIGUEL BELLO**

Name of Person

Firm/Company

**175 FONTAINEBLEAU BLVD. SUITE 1 R**

Address

**MIAMI FLORIDA 33172**

City/State and Zip Code

**miguel@ageconstruction.com**

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

For further information concerning this matter, please call:

**Miguel Bello**

Name of Person

at ( **305** ) **485 0940**

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**MOLD BUSTERS OF SOUTH FLORIDA 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:

175 Fontainebleau Blvd. Suite 1 R

Miami, Florida 33172

#### Mailing Address:

Same

### 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:

Miguel Bello

Name

175 Fontainebleau Blvd. Suite 1 R

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


Miami, Florida 33172

FL

City, State, and Zip

FILED  
11 MAR 22 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)

**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:**

MGRM

Miguel Bello

175 Fontainebleau Blvd. Suite 1 R

Miami, Florida 33172

MGRM

Gabriel Bello

175 Fontainebleau Blvd. Suite 1 R

Miami, Florida 33172

MGRM

Michael Vichot

175 Fontainebleau Blvd. Suite 1 R

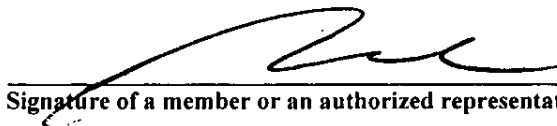
Miami, Florida 33172

(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. 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.)

Miguel Bello

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)**