

L12000051817

LAZARO FINALES FERNANDEZ

For
Superior Remodeling & Installation Group LLC
(Requestor's Name)

11405 SE 75 COURT
(Address)

THE BUSINESS ADDRESS
(Address)

Belleview FL 34420
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

Superior Remodeling & Installation Group LLC
(Business Entity Name)

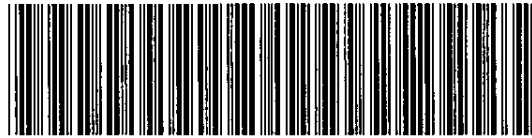
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TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

APR 17 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUPERIOR REMODELING AND INSTALLATION GROUP 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:

LAZARO FINALES FERNANDEZ

Name of Person

SUPERIOR REMODELING AND INSTALLATION GROUP LLC

Firm/Company

P. O. BOX 3035

Address

BELLEVIEW, FLORIDA 34421

City/State and Zip Code

SRG1417 @ yahoo.com

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

For further information concerning this matter, please call:

LAZARO FINALES FERNANDEZ at (352) 653-9499

Name of Person

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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SUPERIOR REMODELING AND INSTALLATION GROUP 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:

P.O. BOX 3035 2300 SE 157th Ln Rd
BELLEVIEW, FL 34421
Summerfield FL 34491

Mailing Address:

only
P. O. BOX 3035
BELLEVIEW, FL 34421

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:

LAZARO FINALES FERNANDEZ
Name

2300 SE 157th Ln Rd.
Florida street address (P.O. Box NOT acceptable)

Summerfield FL 34491
City, State, and Zip

my home
←

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..

Lazaro Finales Fernandez
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

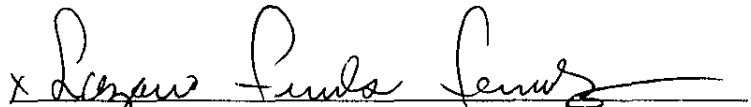
MGR

LAZARO FINALES FERNANDEZ
2300 SE 157th Ln Rd
Summerville FL 34491

(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.)

LAZARO FINALES FERNANDEZ
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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ALLAHASSEE, FLORIDA

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