L13000156950

(Re	questor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Dr	ocument Number)	
,50	·	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	,

Office Use Only



500253136725

11/06/13--01021--016 **160.00

2013 NOV -6 AM 9: 56

NOV 7 2013

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

RG RENOVATION & REMODELING SERVICES, 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:

Please return all corresp	ondence concerning this matt	er to the followin	g:	
Roberto	J. Gonzalez			
		Name of Person		
RG REN	NOVATION & R	EMODE	LING SE	RVICES, LLC
		Firm/Company		
9674 N	W, 10TH AVE	NUE, LO	OT 603	
	· · · · · · · · · · · · · · · · · · ·	Address		<u> </u>
MIAMI,	FL 33150			9-AON E10
<u>-</u>		y/State and Zip Co	de	-6
corinto402	28@live.com			
	E-mail address: (to be used	for future annual re	port notification)	
For further information	concerning this matter, please	e call:		56
Roberto J.	Gonzalez	_{at (} 786	, 512-10	040
Name	of Person	Area Coo	de & Daytime Tele	phone Number
Enclosed is a check for	or the following amount:			
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fill Certified C (additional co	-	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	34 W 433	C	o	

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

	REMODELING SERVICES LLC				
		Liability Company, "L.L.C.," or "LLC.")		-	
ARTICLE II - A		he principal office of the Limited L	iahility (~omno	mu ice
ine maning addre	ss and street address of t	ne principal office of the Enfined E	iabiniy (-ompa	шу 15.
Principal Office	Address:	Mailing Address:			
9674 NW, 10th Avenue	, Lot 603	9674 NW, 10TH AVENUE, LOT 603	,		
Miami, FL 33150		MIAMI, FL 33150		- -	
				_	
ARTICLE III - I	Registered Agent Regis	tered Office, & Registered Agent	's Sionai	ture:	
(The Limited Liability C	Company cannot serve as its own active Florida registration.)	Registered Agent. You must designate an indi	vidual or an	other	
The name and the	Florida street address of	the registered agent are:	3+ . 3 + . 4	2013 N	,
	Roberto J. Gonzalez	Name	·-	NON.	i j
	ı	Name		9	1
	9674 NW, 10TH AVENUE, LO		77 e	Ē	•
	Florida stre	ect address (P.O. Box <u>NOT</u> acceptable)	2.77	Ö	
		MIAM _{LE} FL 33150		56	
	Ci	ity, State, and Zip	• •	•	
liability compo registered agent all statutes rela	iny at the place designate and agree to act in this c ting to the proper and coi	nd to accept service of process for the din this certificate, I hereby accept capacity. I further agree to comply with mplete performance of my duties, and as registered agent as provided for	the appo vith the p d I am fa	intmer Provisi Imiliar	nt as ons of with

(CONTINUED)

Page 1 of 2

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

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

	Name and Address:
'MGR" = Manager 'MGRM" = Managing Member	
Wallaging Wolloon	
MGRM	Roberto J. Gonzalez
	9674 NW, 10TH AVENUE, LOT 603
	MIAMI, FL 33150
	, A C.A.
	1
	3
'Use attachment if necessary)	
LE V: Effective date, if other than t	
LE V: Effective date, if other than t fective date is listed, the date mu or 90 days after the date of filing.	ust be specific and cannot be more than five busin
LE V: Effective date, if other than t fective date is listed, the date mu or 90 days after the date of filing.	ust be specific and cannot be more than five busin
LE V: Effective date, if other than the fective date is listed, the date must be solved and the date of filing. REQUIRED SIGNATURE:	ust be specific and cannot be more than five busing)
LE V: Effective date, if other than the fective date is listed, the date must be solved and the date of filing. REQUIRED SIGNATURE:	ust be specific and cannot be more than five busin
LE V: Effective date, if other than the fective date is listed, the date may be safter the date of filing. REQUIRED SIGNATURE: Signature of a memory of the date of filing. (In accordance with section of constitutes an affirmation under that any false information of the date of t	ust be specific and cannot be more than five busing)
REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation und I am aware that any false info constitutes a third degree felo Roberto J. Gonzalez	aber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State

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)