

L14000026655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

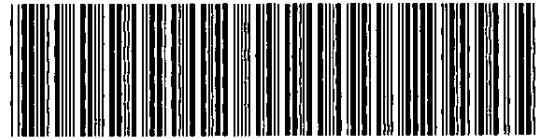
(Business Entity Name)

(Document Number)

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

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DEPARTMENT OF STATE  
14 FEB 17 AM 11:07  
FILED  
APPROVED  
AND  
FILED  
14 FEB 17 AM 11:17  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
B. D. TICK  
FEB 17 2014  
EX-100

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PINEDA FRAMING, L.L.C.  
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:

ELMER Y. PINEDA  
Name of Person

Firm/Company

PINEDA FRAMING, L.L.C.  
Address

105 NE 2ND ST HAVANA  
City/State and Zip Code

FL 32333  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

ELMERY PINEDA at ( 850 ) 590-3746  
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

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

14 FEB 17 AM 11:17

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FEB 17 2017

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PINEDA FRAMING 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:

105 NE 2ND ST  
HAVANA FL 32333

Mailing Address:

105 NE 2ND ST  
HAVANA FL 32333

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:

Eime X. Pineda

Name

105 NE 2ND ST

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

HAVANA

City

FL

32-333

Zip

STATE OF FLORIDA  
14 FEB 17 AM 11:17

APPROVED  
FILED

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 605, F.S.

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

AMBR

AMBR

JUAN Sanchez

**Name and Address:**

EIMER Y Pineda  
105 NE 2ND ST  
Havana FL 32333

GONSALO E Maldonado  
418 INKWOOD LP  
TALL FL 32310

Juan Sanchez  
418 INKWOOD LP  
TALL FL 32310

(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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

EIMER Y Pineda

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

EIMER Y Pineda

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)