

L14000130487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

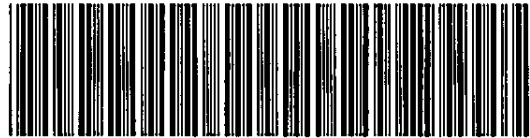
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900263424609

08/20/14--01006--013 **125.00

14 AUG 20 PM 3:03
SECRETARY OF STATE
FALL MASSACHUSETTS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lidio Remodeling 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:

Lidiomar Tavares
Name of Person

Lidio Remodeling L.L.C.
Firm/Company

3804 Cortez Dr. Ste B
Address

Tampa, FL 33614
City/State and Zip Code

Lidio32tavares@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lidiomar Tavares at (813) 410 5420
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lidio Remodeling L.L.C

(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:

3804 Cortez Ste B
Tampa FL 33614

Mailing Address:

3804 Cortez Ste B
Tampa FL 33614

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:

Jeffrey Kenneth Amoretti

Name

1717 fircrest ct

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

wesley chapel

City

FL 33543

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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 AUG 20 PM 3:03

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

President

Name and Address:

Lidiomar Tavares

3804 Cortez Dr. Ste B Tampa FL 33614

Vice President

Jeffrey Kenneth Amoretti

1717 Fircest Ct. Wesley chapel FL 33543

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 17, 2014. (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.)

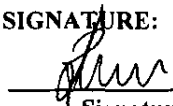
ARTICLE VI: Other provisions, if any.

The company will own a total of 1000 shares

700 shares for Lidiomar Tavares

300 shares for Jeffrey Kenneth Amoretti

REQUIRED SIGNATURE:



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.)

Lidiomar Tavares

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)

16 AUG 23 PM 3:03
STATE OF FLORIDA
DEPARTMENT OF STATE