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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CLARA GIRALDO, P.A.  
Account Number : I19990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

EFFECTIVE DATE  
1-1-15

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

*This organization will start operating on January 1, 2015.*

FLORIDA LIMITED LIABILITY CO.  
DRIVEWAY & PATIO CITY, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

RECEIVED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 DEC 17 PM 2:45

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY  
OF**

**DRIVEWAY & PATIO CITY, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**DRIVEWAY & PATIO CITY, LLC.**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**18472 SW 87 PLACE  
CUTLER BAY, FL. 33157**

The mailing address shall be:

**18472 SW 87 PLACE  
CUTLER BAY, FL. 33157**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

**MIGUEL A. CORPAS**

**18472 SW 87 PLACE**  
Florida street address ( P.O BOX NOT acceptable)  
**CUTLER BAY, FL. 33157**  
City, State, and Zip

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TALLAHASSEE, FLORIDA

**EFFECTIVE DATE**  
1-1-15

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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

## ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**MIGUEL A. CORPAS**  
18472 SW 87 PLACE  
CUTLER BAY, FL. 33157

**MANAGER**

**JULIO C. HERNANDEZ**  
18472 SW 87 PLACE  
CUTLER BAY, FL. 33157

**MANAGER**

**HUGO L. ALPIZAR**  
18472 SW 87 PLACE  
CUTLER BAY, FL. 33157

**MANAGER**

(An additional article must be added if an effective date is requested)

  
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.)

**MIGUEL A. CORPAS**

Typed or printed name of signee

## ARTICLE VII

**THIS ORGANIZATION WILL START OPERATING ON JANUARY 1<sup>ST</sup>, 2015.**