

L1500081F60

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

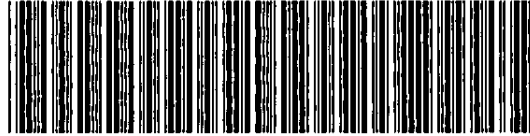
(Business Entity Name)

(Document Number)

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05/11/15--01045--013 **125.00

15 MAY 11 AM 8:17
J. STIVERS
MAY 15 2015

J. Stivers MAY 15 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MINOR MIRACLE HOME SOLUTIONS, 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:

SCOTT J. DAVIDSON

Name of Person

DAVIDSON LAW GROUP, P.A.

Firm/Company

3631 TURTLE RUN BLVD, #722

Address

CORAL SPRINGS, FLORIDA 33067

City/State and Zip Code

LENIN.GOVEA@GMAIL.COM

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

For further information concerning this matter, please call:

SCOTT J. DAVIDSON

732

318-2909

at ()

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 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:

MINOR MIRACLE HOME SOLUTIONS, 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:

124 J. ORRANTIA AVENUE
GUAYAQUIL, GUAYAS 090114
ECUADOR

Mailing Address:

124 J. ORRANTIA AVENUE
GUAYAQUIL, GUAYAS 090114
ECUADOR

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:

DAVIDSON LAW GROUP, P.A.

Name

3631 TURTLE RUN BLVD, #722

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

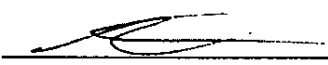
CORAL SPRINGS FLORIDA 33067

City

State

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)

15 MAY 11 AM 8:25
DAVIDSON LAW GROUP, P.A.
CORAL SPRINGS, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

LENIN GOVEA

124 J. ORRANTIA AVENUE

GUAYAQUIL, GUAYAS 090114, EC

AR

DAVIDSON LAW GROUP, P.A.

3631 TURTLE RUN BLVD, #722

CORAL SPRINGS, FLORIDA 33067, U.S.

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/04/2015 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

ANY LAWFUL PURPOSE

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.)

SCOTT J. DAVIDSON

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)