L15000093623

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | idress) | |
| (Ad | ldress) | |
| (Cir | ty/State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Bu | ısiness Entity Nam | e) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | 8/22 |

Office Use Only



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MAY 29 2015

COVER LETTER

Registration Section

| Division of Cor | porations | | | | | |
|--------------------------------|--|--|---|------------------|----------|------|
| SUBJECT: EXTERIOR | R & INTERIOR DESIGN | IS, LLC nited Liability Company | | | | |
| | Name of Lin | nice Elability Company | | | | |
| The enclosed Articles of | Organization and fee(s) ar | e submitted for filing. | | | | |
| Please return all correspo | ndence concerning this ma | atter to the following: | | | | |
| | | | | | | |
| LEVI UBED | A | | | | | |
| | | Name of Person | | | | |
| | | | | | | |
| EXTERIOR | & INTERIOR DESIGNS | S, LLC | | | | |
| | | Firm/Company | | | | |
| | | | | | | |
| <u>60 NE 19TH</u> | I TERRACE | | | | | |
| | | Address | | | | |
| | | | · | | • | |
| MIAMI, FL 3 | | | | <u> </u> | 5 | |
| | C | ity/State and Zip Code | | | | |
| SYLVIADAMICO@ | YAHOO.COM | | | 7 | ~ N | 4144 |
| 1 | 3-mail address: (to be used | I for future annual report not | ification) | | 22 | 1 |
| For further information co | oncerning this matter, plea | se call: | | | | , |
| | - | | | High Distri | 1 :6 | |
| LEVI UBEDA | at (_ <u></u> | 305) 326-3663 | | | | |
| | of Person | | Telephone Number | • | | |
| | | | | | | |
| Enclosed is a check for th | e following amount: | | | | | |
| | 2\$130.00 Filing Fee & Certificate of Status | □\$155.00 Filing Fee & Certified Copy (additional copy is enclose | Certificate ed) Certified Co (additional co | of Status opy | s & |) |
| Registra Divisio P.O. Bo | g Address ation Section on of Corporations ox 6327 assee, FL 32314 | Street/Courier / Registration Sect Division of Corp Clifton Building 2661 Executive Tallahassee, FL | cion porations Center Circle | | | |



April 17, 2015

LEVI UBEDA EXTERIOR & INTERIOR DESIGNS, LLC 60 NE 19TH TERRACE MIAMI, FL 33132

SUBJECT: EXTERIOR & INTERIOR DESIGNS LLC

Ref. Number: W15000026825

We have received your document for EXTERIOR & INTERIOR DESIGNS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 20, 2015. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 715A00007692



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company | is: | |
|---|---|---|
| EXTERIOR & INTERIOR DESIGNS, LL (Must end with the wor | C rds "Limited Liability Company, "L.L.C.," or | "LLC.") |
| ARTICLE II - Address: | e principal office of the Limited Liability Con | · |
| Principal Office Address: | Mailing Address: | прану із. |
| 60 NE 19TH TERRACE MIAMI, FL 33132 | 60 NE 19TH TERRACE MIAMI. FL 33132 | |
| (The Limited Liability Company cannot servanother business entity with an active Florida. The name and the Florida street address of the LEVI UBEDA. | he registered agent are: | ignate am individual or SECACIANY 22 |
| | Name | # 9 · · · · |
| 60 NE 19TH TERF Florida street addre | ss (P.O. Box <u>NOT</u> acceptable) | 30 47 30 47 30 30 |
| <u>MIAMI</u> | FL 33132 ty Zip | |
| Having been named as registered agent and the place designated in this certificate, I h capacity. I further agree to comply with the of my duties, and I am familiar with and a | to accept service of process for the above state thereby accept the appointment as registered age provisions of all statutes relating to the propercept the obligations of my position as register Chapter 605, F.S | gent and agree to act in this er and complete performance |

(CONTINUED)

Page 1 of 2

| | Name and Address: |
|---|--|
| AMBR" = Authorized Member MGR" = Manager | Levy Ubeda. |
| MGR | 60 NE 19TH TERRACE |
| | MIAMI, FL 33132 |
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| | filing: 5 15 20 5 (OPTIONAL) ic and cannot be more than five business days prior to or 90 |
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| V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. EOUIRED SIGNATURE: | ic and cannot be more than five business days prior to or 90 |
| V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0 | er or an authorized representative of a member. |
| V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0 constitutes an affirmation under the | er or an authorized representative of a member. |
| V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0 constitutes an affirmation under the | er or an authorized representative of a member 203 (1) (b), Florida Statutes, the execution of this document to penalties of perjury that the facts stated herein are true. ion submitted in a document to the Department of State |
| V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as | er or an authorized representative of a member 203 (1) (b), Florida Statutes, the execution of this document to penalties of perjury that the facts stated herein are true. ion submitted in a document to the Department of State |
| V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0 constitutes an affirmation under the I am aware that any false informat constitutes a third degree felony at LEVI UBEDA | er or an authorized representative of a member 203 (1) (b), Florida Statutes, the execution of this document to penalties of perjury that the facts stated herein are true. ion submitted in a document to the Department of State |
| V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0 constitutes an affirmation under the I am aware that any false informat constitutes a third degree felony at LEVI UBEDA | er or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document in penalties of perjury that the facts stated herein are true. ion submitted in a document to the Department of State is provided for in s.817.155, F.S.) |

ARTICLE IV-