

Division of Corporations **Electronic Filing Cover Sheet**

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H150001411963ABC

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CORP USA

Account Number: 072450003255 : (305)634-3694

Fax Number

: (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. 5

Émáil Address:

FLORIDA LIMITED LIABILITY CO. A SEAL TIGHT ROOF, LLC

Certificate of Status	U
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A SEAL TIGHT ROOF, CLC

Name of Limited Liability Company

The enclosed Articles of Organization and (ee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE A LOSA & JR
Name of Person
A SEAL TIGHT ROOF, LLC
Firm/Company
298 NE 181 ST
Address
MIAMI FL 33162
City/State and Zip Code
CAIBAICONSTRUCTION @ BMAIL. COM E-mail address: (to be used for future sanual report notification)
E-mail address: (to be used for future samual report notification)

For further information concerning this matter, please call:

Tase A Losa Jnat 786, 2292770

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$\text{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

TANCE TANKE.

June 11, 2015

FLORIDA DEPARTMENT OF STATE Division of Corporations

E-FILE - CORP USA

CORP USA

SUBJECT: A SEAL TIGHT ROOF, LLC

REF: W15000040780

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Manager's name not illegible.,

If you have any further questions concerning your document, please call $(850)\ 245-6052$.

Sylvia Gilbert Regulatory Specialist II New Filing Section

FAX Aud. #: H15000141196 Letter Number: 115A00012282

P.O BOX 6327 - Tallahassee, Florida 32314

FILED

ARCHICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY 15 JUN 10 PM 12: 50

ARTICLE I - Name: The name of the Limited Liability Company is:	SECRETARY FALL MIASSE
A SEAC TIGHT ROOF COMMENT OF THE COMPANY, "LI	LC_n or "LLC.")
ARTICLE U - Address: The mailing address and street address of the principal office of the Limited Liabi	
Principal Office Address: Mailing Address:	
29B NE 1815T 29B NE MIAMI FL	181 ST 33162
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's S (The Limited Liability Company cannot serve as its own Registered Agent. You manother business entity with an active Florida registration.)	
	EDEZ MARTINEZ
13371 SU 89 for + F 133	71 SW 89 TER#F
Florida street address (P.O. Box NOT acceptable)	
MICHMI FL 33186	<u>7</u>
Cuy 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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Memi	n person authorized to manage and control the Limited Liability Company Name and Address: Name and Address:	RTINE
"MGR" = Manager 	* Morrida Marchan	
MGR	x. JOSE LOSA Ja	•
	10876 SW 24 TN MIAMI FL 33165	•
(Use attachment if necessary)		
E VI: Other provisions, if any.		
LE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	A TOPO	
REQUIRED SIGNATURE: Signature (In accordance with constitutes an affiliam aware that a	re of a member or an authorized representative of a member. Stagetion 605.0203 (1) (b), Florida Statutes, the execution of this document firmation under the penalties of perjury that the facts stated herein are true. Many false information submitted in a document to the Department of State	nt
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