

L15000117366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

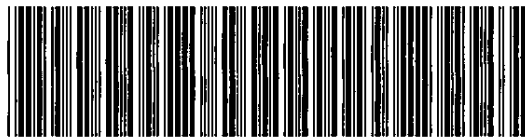
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2015 JUN 30 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 1 4 2015

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MAY 26 2015

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55493-5111

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Renovations Plus, 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:

Maria E. Delgado

Name of Person

Renovations Plus, LLC

Firm/Company

3218 W. Louisiana Ave

Address

Tampa, FL 33614

City/State and Zip Code

renovations.plus@yahoo.com

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

For further information concerning this matter, please call:

Maria E. Delgado

813

503-6667

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2015

MARIA E DELGADO
3218 W LOUISIANA AVE
TAMPA, FL 33614

SUBJECT: RENOVATIONS PLUS, LLC
Ref. Number: W15000036753

RECEIVED
15 JUN 30 PM 5:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for RENOVATIONS PLUS, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "LC.," "Ltd.," and "Co."

The document number of the name conflict is K48600 RENOVATIONS PLUS, INC.

Please list the complete principal office address.

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 May 19, 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) 245-6051.

Yasemin Y Sulker

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2015 JUN 30 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Regulatory Specialist II

Letter Number: 815A00010971

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Complete Renovations Plus, 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:

Maria E. Delgado

Name of Person

Complete Renovations Plus, LLC

Firm/Company

3218 W. Louisiana Ave

Address

Tampa, FL 33614

City/State and Zip Code

crplus@yahoo.com

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

For further information concerning this matter, please call:

Maria E. Delgado

813

503-6667

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

2015 JUN 30 PM 2:24
OFFICE OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Complete Renovations Plus, 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:

3218 W. Louisiana Ave, Tampa, FL 33614

Mailing Address:

3218 W. Louisiana Ave, 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:

Maria E. Delgado

Name

3218 W. Louisiana Ave

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

Tampa

FL

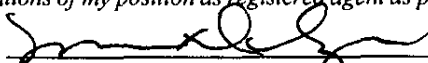
33614

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)

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2015 JUN 30 PM 2:24
TALLAHASSEE
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

President

Name and Address:

Maria E. Delgado

3218 W. Louisiana Ave

Tampa, FL 33614

(Use attachment if necessary)

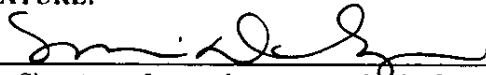
ARTICLE V: Effective date, if other than the date of filing: 06/27/2015. (OPTIONAL)

(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.

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.)

Maria E. Delgado

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)

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2015 JUN 30 PM 2:08
CLERK OF THE
TALLAHASSEE COUNTY