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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| | egistration Section ivision of Corporations |
|---------------|--|
| SUBJECT | : Shark's Renovation Services LLC. Name of Limited Liability Company |
| The enclos | ed Articles of Organization and fee(s) are submitted for filing. |
| Please retu | rn all correspondence concerning this matter to the following: |
| | Miguel Angel Munoz Prieto |
| | Name of Person |
| | |
| | Firm/Company |
| | 1681 Walker St. SE |
| | Address |
| | Palm Bay, FL 32909 |
| | City/State and Zip Code |
| | sharksrenovation services@gmail-com |
| | E-mail address: (to be used for future annual report notification) |
| For further i | nformation concerning this matter, please call: |
| | Miguel Angel Munoz Prieto 321 437-2607 |
| | Name of Person Area Code Daytime Telephone Number |
| Enclosed i | s a check for the following amount: |
| \$125.00 F | siling Fee \$\sim \sim \sim \sim \sim \sim \sim \sim |

Mailing Address

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Snark's Kenovation | Services, LLC. | | | | |
|--|---|--|---|--------------------------------|------------|
| | i with the words "Limite | d Liability Company | y, "L.L.C.," or "LLC.") | | - |
| ARTICLE II - Address: The mailing address and street | address of the principal | office of the Limited | Liability Company is: | • | 15 |
| <u>Princi</u> | pal Office Address: | | Mailing Addres | <u>s</u> : ₹ | kon 9 |
| 1681 Walker St. SE | | 1681 | Walker St. SE | /i | <u></u> |
| Palm Bay, FL | | | ı Bay, FL | • : | - |
| 32909 | | 3290 |)9 | r . | 64 : HA |
| another business entity with an The name and the Florida stree | J | d agent are: | | | |
| | | Name | <u>_</u> | | |
| | 1681 Walker St. SE | | | | |
| | | | ccentable) | | |
| | Florida street addre | ss (P.O. Box NOT a | ocepiacie) | | |
| | Florida street addre Palm Bay | ss (P.O. Box <u>NOT</u> a FL | 32909 | | |
| | | | • , | | |
| Having been named as registered place designated in this certificate further agree to comply with the p am familiar with and accept the o | Palm Bay City I agent and to accept serve, I hereby accept the approvisions of all statutes to bbligations of my position | FL State vice of process for the pointment as registere relating to the proper | 32909 Zip e above stated limited liability ed agent and agree to act in a e and complete performance of as provided for in Chapter 60 | this capacity of my duties, | . <i>1</i> |

Page 1 of 2

| "MGR" = Manager MGR | Miguel Angel Munoz Prieto 1681 Walker St. SE Palm Bay, FL 32909 | · · · · · · · · · · · · · · · · · · · |
|---|---|---------------------------------------|
| | 1681 Walker St. SE | |
| | Palm Bay, FL 32909 | |
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| (Use attachment if necessary) | | |
| EV: Effective date, if other than the date of fili | ng. | . (OPTIONAL) |
| EV: Effective date, if other than the date of fili ective date is listed, the date must be specific | and cannot be more than five busines | ss days prior to or 90 c |
| of filing.) | | |
| the date inserted in this block does not meet the | • | ents, this date will not l |
| ment's effective date on the Department of Sta | te's records. | |
| E VI: Other provisions, if any. | | |
| | | |

Miguel Angel Munoz Prieto

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)