## L16000112836

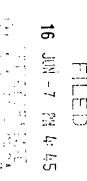
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

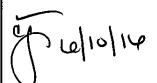
Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	D & G HOME REMODELING LLC.
SUBJEC	Name of Limited Liability Company
The enci	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	GUILLERMO ESCALONA
	Name of Person
	Firm/Company
	2350 W 60 STREET SUITE #12
	Address
	HIALEAH, FL 33016
	City/State and Zip Code
	gescalona@att.net
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	GUILLERMO ESCALONA 305 720-1848
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee \$\ \times \text{\$130.00 Filing Fee & Certificate of Status} \text{\$\text{\$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\text{\$Certified Copy (additional copy is enclosed)}} \text{\$\text{\$}\te
	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

ARTICLE I - Name:		FILED	
The name of the Limited Liability Company is:		16 JUN -7 FM 4: 45	
D & G HOME REMODELING LLC.			
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:		
Principal Office Address:	Mailing Add	dress:	
21327 NW 39 AVE	2350 W 60 ST		
MIAMI GARDENS, FL 33055	SUITE 12		
	HIALEAH, FL 33016	matalita and an analysis and a	
another business entity with an active Florida registration.)  The name and the Florida street address of the registered agen  DAVID GALVEZ  Nam  21327 NW 39 AV	ne		
Florida street address (P.O	. Box NOT acceptable)		
MIAMI GARDENS	FL 33055		
City	State Zip		
Having been named as registered agent and to accept service of polace designated in this certificate, I hereby accept the appointmend further agree to comply with the provisions of all statutes relating to the familiar with and accept the obligations of my position as registered A	ent as registered agent and agree to ac to the proper and complete performa	t in this capacity. I nce of my duties, and I	
(co	NTINUED)		
	Page 1 of 2		

Title:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager MGR	DAVID GALVEZ
WOR	21327 NW 39 AVE
	MIAMI GARDENS, FL 33055
MGR	GUILLERMO ESCALONA
	337 E 42 ST
	HIALEAH, FL 33013
	· · · · · · · · · · · · · · · · · · ·
Use attachment if necessary)	
Osc anacimient is necessary;	
V: Effective date, if other than the date tive date is listed, the date must be sifiling.) the date inserted in this block does not ent's effective date on the Department	te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 9  meet the applicable statutory filing requirements, this date will not tof State's records.
EV: Effective date, if other than the date ctive date is listed, the date must be s filing.)	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will no
CV: Effective date, if other than the date trive date is listed, the date must be so filing.) the date inserted in this block does not ment's effective date on the Department CVI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will no
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