

L16000199998

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000269886 3)))



H160002698863ABCD

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

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

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
DOCTOR DOOR & LAMINATE LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

16 NOV -1 AM 10:49

FILED  
CLERK OF COURT

Electronic Filing Menu

Corporate Filing Menu

Help

L. YARBROUGH

NOV 01 2016

H16000269886

**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**  
**EFFECTIVE: 1-1-17**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "LLC," or "LLC.")

DOCTOR DOOR & LAMINATE LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

8055 W 23 AVE #7 HIALEAH FL

33016

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: (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.)

ERNESTO ARBELO

8055 W 23 AVE #7

Hialeah FL 33016

**ARTICLE IV-**

The name and title of each person authorized to manage and control the Limited Liability Company:

ERNESTO ARBELO (AMBR)

MARCELO DUMAS (AMBR)

LUIS L. REYES (AMBR)

JUAN P. BETRAN (AMBR)

FILED  
CLERK OF COURT  
16 NOV - 1 AM 10:49

H16000269386

**Required Signatures:**



**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.

**Typed or printed name of signee**

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)**

H16000269386

FILED  
NOV 01 2016  
16 NOV - 1 AM 10:49