L1700052556

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



03/08/17--01015--012 **160.00

FILED 17 MAR -9 PH 12: 41 SECRETART OF STATE FALLAHASSEE, FLORID

-FFECTIVE DATE 03/06/17

× 03/10/17

COVER LETTER

TO: New Filing Section **Division of Corporations**

SUBJECT: Modern <u>Name of Limited Liability Company</u>

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

Please return all correspondence concerning this matter to the following:

Willie Hernandez Rudriguez JR

Firm/Company

2303 fox QUARIY LANC Address SANFORD, Florida, 32773 City/State and Zip Code

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

For further information concerning this matter, please call:

Willie Hernandez Noar (321) 888-1341 Area Code Davtime Telephone Number Name of Person

Enclosed is a check for the following amount:

\$125.00 Filing Fee

S130.00 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

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:

The name of the Limited Liability Company is:

Mobern Uision Remodelling LLC (Must contain 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: Mailing Address: OX QUAINY WUARIN LANC

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:

Willic Hernonder Rodriger JR Name 2303 fox Quarry Lanc Florida street address (P.O. Box NOT acceptable) SArford FL 32773 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)

MAR -8 PH 12: 4 LAHASSEE, FL**ORI**

ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MGR" = Manager

Name and Address:

AMBR

Heino'nder Rodni Fox QUARY LANC SANTUCA FL 32773 Taxlyn LOPZ 303 FOX QUARINY LANC

. 32773

(Use attachment if necessary)

. (OPTIONAL)

SANTURA, FL

ARTICLE V: Effective date, if other than the date of filing: <u>3/6/17</u> (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.

REOUIRED SIGNATURE: ema

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,0203 (1) (b). Florida Statutes. 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.

Millie Hernander Rochiger 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)

MAR -8 PH 12: 4