(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

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# COVER LETTER

	ew Filing Section ivision of Corporations	
SUBJECT	RENOVATION 4 ALL LLC	
Sonate		Limited Liability Company
The enclos	ed Articles of Organization and fee(s	) are submitted for filing.
Please retu	rn all correspondence concerning this	s matter to the following:
	WILLIAM SANCHEZ	
		Name of Person
		Firm/Company
	1225 BENNETT DR.STE.129	
		Address
	LONGWOOD,FL.32750	
	RMTAXES@ATT.NET	City/State and Zip Code
-	E-mail address: (to be us	sed for future annual report notification)
For further in	nformation concerning this matter, ple	ease call:
	WILLIAM SANCHEZ	407 221-0619
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Fi	ling Fee S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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:				
RENOVATION 4 ALL LLC				
(Must contain the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")	ಶ್ವ	<b>~</b>	
ARTICLE II - Address:			7017 NOV	
The mailing address and street address of the principal office	of the Limited Liability Company is:	HANGE AND THE SECOND SE	8	_
Principal Office Address:	Mailing Address:	RETARY AHASSEI	V 17	-
1225 BENNETT DR STE 129	1225 BENNETT DR STE 129	# OF	<b>&gt;</b>	Ш
LONGWOOD,FL.32750	LONGWOOD,FL.32750		A	O
ARTICLE III - Registered Agent, Registered Office, & R (The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration.)	tegistered Agent's Signature: tistered Agent. You must designate an individual o	RIDA	2: 36	
The name and the Florida street address of the registered age	nt are:			
WILLIAM SANCHEZ				

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..

Name

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

State

Zip

1225 BENNETT DR.STE 129

City

LONGWOOD

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	A REPORTED AND CLASSICALITY	75 No.
MUR	ANTONIO W SANCHEZ	2017 NOV 17 SECRETARY ALLAHASSE
	1225 BENNETT DR.STE 129	<del></del>
	LONGWOOD,FL.32750	<u>\$</u>
A 3 4 (3 (5)	D. Maria C. C. Carriera	AS V
AMBR	ESTRELLA CATALA	<u> </u>
	1225 BENNETT DR.STE 129	řπ 🚐
	LONGWOOD,FL.32750	A A
		STATE STATE
AMBR	WILLIAM SANCHEZ	<u>_</u>
	1225 BENNETT DR.STE 129	는 전 전 전 전 전 전 전 전 전 전 전 ( ( ( ( ( ( ( ( (
	LONGWOOD,FL.32750	<u>⊅</u> o
	<del></del>	
ie date of filing.)	specific and cannot be more than five business days put meet the applicable statutory filing requirements, this not of State's records.	-
REQUIRED SIGNATURE:  Signature of a	number or an authorized representative of a membe	er.
I amlaware that any fa constitutes a third deg	Atted in accordance with section 605.0203 (1) (b). Flor lise information submitted in a document to the Department felony as provided for in s.817.155, F.S.	ida Statutes. nent of State
<u> </u>	Am SANCHEZ	
	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)

### **COVER LETTER**

	w Filing Section vision of Corporations	
CHID IECT	American Housing Real Estate Ent	lerprises LLC
SUBJECT		Limited Liability Company
The enclose	ed Articles of Organization and fee(s)	are submitted for filing.
Please retur	n all correspondence concerning this	matter to the following:
	Jim Pelosi	
		Name of Person
		Firm/Company
	7195 66th St North	
		Address
•	Pinellas Park, Fl 33781	
į	pelosi125@yahoo.com	City/State and Zip Code
•	E-mail address: (to be us	sed for future annual report notification)
For further is	nformation concerning this matter, ple	ease call:
	Jim Pelosi	727 458-6296
	Name of Person	Area Code Daytime Telephone Number
Énclosed is	a check for the following amount:	
\$125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	
	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:

	sing Real Estate Enterprises LLC			
(Mu	st contain the words "Limited Lial	bility Company, "	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and s	treet address of the principal offic	e of the Limited l	Liability Company is:	
<u>P</u>	rincipal Office Address:		Mailing Address:	
7195 66th St N Pinellas Park,	North Florida 33781	same	as Principal Address	<del></del>
·				
(The Limited Liability Co another business entity w	ed Agent, Registered Office, & I mpany cannot serve as its own Re ith an active Florida registration.) street address of the registered ag	egistered Ag <del>e</del> nt. Y	t's Signature: 'ou must designate an individual or	FILED JV 17 A TARY OF
(The Limited Liability Co another business entity w	mpany cannot serve as its own Re ith an active Florida registration.) street address of the registered ag	egistered Agent. Y		1, N
(The Limited Liability Co another business entity w	mpany cannot serve as its own Re ith an active Florida registration.) street address of the registered ag	egistered Ag <del>e</del> nt. Y		1 A C
(The Limited Liability Co another business entity w	mpany cannot serve as its own Re ith an active Florida registration.) street address of the registered ag	egistered Agent. Y		m C ZW
(The Limited Liability Co another business entity w	mpany cannot serve as its own Re ith an active Florida registration.) street address of the registered ag <u>Jim Pelosi</u> N	gistered Agent. Y gent are:	ou must designate an individual or	1 A C
(The Limited Liability Co another business entity w	mpany cannot serve as its own Re ith an active Florida registration.) street address of the registered ag <u>Jim Pelosi</u> N  3724 76th St N.	gistered Agent. Y gent are:	ou must designate an individual or	1 A C

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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR/MGR	Jim Pelosi
TEMBROWING C	3724 76th St N
	St Petersburg, Fl 33710
	POIT NOV 17 AM 2: 0 SECRETARY OF STATE SECRETARY OF
	AA V
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ffective date is listed, the date must be spece e of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after
effective date is listed, the date must be spec te of filing.)	cific and cannot be more than five business days prior to or 90 days after eet the applicable statutory filing requirements, this date will not be listed as
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effective date is listed, the date must be specie of filing.)  If the date inserted in this block does not me cument's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men This document is execute	eet the applicable statutory filing requirements, this date will not be listed as f State's records.  State's records.  The property of a member or an authorized representative of a member.  State in accordance with section 605.0203 (1) (b). Plorida Statutes.
Hective date is listed, the date must be spece of filing.)  If the date inserted in this block does not measurement's effective date on the Department of th	ect the applicable statutory filing requirements, this date will not be listed as f State's records.  State's records.  The records are the applicable statutory filing requirements, this date will not be listed as f State's records.  The records are an authorized representative of a member.  The record are an authorized representative of a member.  The record are with section 605.0203 (1) (b), Florida Statutes.  Information submitted in a document to the Department of State
effective date is listed, the date must be spece of filing.)  If the date inserted in this block does not measurement's effective date on the Department of the Department of the VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men This document is execute I am aware that any false in the specific services are the services and the services are	ect the applicable statutory filing requirements, this date will not be listed as f State's records.  State's records.

Filing Fres:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-