

L170003254691

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

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**FLORIDA LIMITED LIABILITY CO.
TRAVISO DEMOLITION LLC**

Certificate of Status	1
Certified Copy	0
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12/13/17
Page 1

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December 13, 2017

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, ^{Division of Corporations} INC

SUBJECT: TRAVIESO DEMOLITION LLC
REF: W17000098396

We have received your document for TRAVIESO DEMOLITION LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) .

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

FAX And. #: H17000325492
Letter Number: 917A00025145

100-100000

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H17000325407

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

EFFECTIVE DATE: 1/1/18

ARTICLE I - Name:

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

Travieso Demolition LLC

ARTICLE II - Address:

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

715 W 15 ST APT-11 Hialeah FL
33010

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.)*

José Luis Travieso Pérez
715 W 15 ST APT 11
Hialeah FL 33010

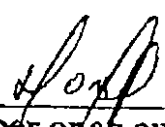
ARTICLE IV-

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

JOSE LUIS TRAVIESO PEREZ
(AMBR)

Required Signatures:

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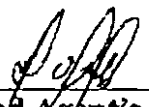


Signature of a member or an authorized representative of a member.

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)FILED
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TALLAHASSEE, FLORIDA

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