

L180000069991

Division of Corporations

<https://efile.sunbiz.org/scripts/efilcovr.exe>

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.

(((H18000088262 3)))



H180000882623ABC2

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 : CORPOLICENSE, INC
Account Number : I20050000118
Phone : (305) 774-9606
Fax Number : (305) 774-9660

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

Email Address: talcoconstruction@yahoo.com

RECEIVED

2018 MAR 20 AM 7:53

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
MAJACO ROOFING CONTRACTOR, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$125.00 |

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 MAR 20 AM 8:59

FILED

K. PAGE
MAR 21 2018

H180000 88262

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
OF
MAJACO ROOFING CONTRACTOR, LLC**

ARTICLE I - NAME:

The name of the Limited Liability Company Is:

MAJACO ROOFING CONTRACTOR, LLC

ARTICLE II - ADDRESS:

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

**749 NW 26 AVENUE
Miami, FL 33125**

**ARTICLE III - Registered Agent, Registered Office, & Registered
Agent's Signature:**



**Jose A. Vargas
749 NW 26 Avenue
Miami, FL 33125**

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.

H180000 88262

H: 80000 88262

ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

| <u>TITLE:</u> | <u>NAME AND ADDRESS</u> |
|----------------------|---|
| MGRM | JOSE ALBERTO VARGAS 749 NW 26 Avenue Miami, FL 33125 |
| MGR | EDIN E. CASTELLANOS 749 NW 26 Avenue Miami, FL 33125 |



Jose Alberto Vargas
749 NW 26 Avenue
Miami, FL 33125

(In accordance with section 605.0201 , Florida Statutes,
The execution of this document constitutes an affirmation under
The penalties of perjury that the facts stated herein are true)

H: 80000 88262