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.

(((H18000263951 3)))



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 : 1200000000019

Phone Fax Number : (305)552-5973 : (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.

	Address .			
สอาเ	Williage .			

FLORIDA LIMITED LIABILITY CO. PINNACLE KITCHENS AND BATH, LLC

Certificate of Status	1		
Certified Copy	0		
Page Count	04		
Estimated Charge	\$130.00		

Electronic Filing Menu

Corporate Filing Menu

Help

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise that the owners of

Pinnacle Kitchens and Bath, LLC

of Document # L/7000211567

are the same owners of the attached articles. We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Thanks,

Nelson Gonzalez

2018 SEP 10 AM II: 2743 SECRETARY OF STATES TALLAHASSEE, FL 60

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited L	iability Compan	y is:			
Pinnacle	kitc	hens	and	Bath	1 (0
ARTICLE II - Address: The mailing address and st Company is:					
15476	NW	7776	CT		
					
Migmi	Lakes	FL	33	0(10	
ARTICLE III - Registered A The name and the Florida s Company cannot serve as its own Regis with an active Florida registration.)	treet address of	the registered	agent are: (T)	he Limited Liability ess entity	_
Iliana	So	rensen			
ARTICLE IV				SECRUTA TALLAH	2018 SEP _
The name and title of each p Liability Company: (MGR o	person authorize r AMBR)	ed to manage a	nd control th	ne Limited S	3
Nelson	Gon	29/22	(m	gr) FA	= 0
Carlos	u c	Duint	ang	(AME	2)_
Iliana		rense		(AP)	
					

Required Signatures:

Signature of a member of 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 Chaptel 605, F.S..

Registered Agent's Signature (REQUIRED)

2018 SEP 10 AM 11: 27
SECRETARY OF STATE