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(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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18 NOV 20 PH 3:44  
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**COVER LETTER**

TO: New Filing Section  
Division of Corporations

SUBJECT: Escalante Remodeling Services  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Adalberto Escalante  
Name of Person

8417 N Armenia Ave Apt. 520  
Address

Tom pg F1 33604  
City/State and Zip Code

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

For further information concerning this matter, please call:

Adolberto Escalante at (813) 504 1055  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee     \$130.00 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  
Clinton 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:

Escalante Remodeling Services LLC

(Must contain the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

8417 N Armenia Ave Apt 520  
Tampa FL 33604

Mailing Address:

8417 N Armenia Ave Apt 520  
Tampa FL 33604

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:

Adalberto Escalante Ferrer  
Name

8417 N Armenia Ave Apt 520  
Florida street address (P.O. Box NOT acceptable)

Tampa FL 33604  
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)

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SUSAN L. BROWN, CLERK  
FLORIDA DIVISION OF  
CORPORATIONS  
S. BROWN

FLORIDA

#### 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:

Adalberto Escalante  
8417 N Armenia Ave. Apt 520  
Tampa FL 33604

Three horizontal black lines are spaced evenly vertically across the page. The top line is at the top, the middle line is in the middle, and the bottom line is at the bottom.

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

**REQUIRED SIGNATURE:**

**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.

## Adalberto Escalante

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)**

**S-5.00 Certificate of Status (Optional)**

18 NOV 20  
PM 4:20  
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