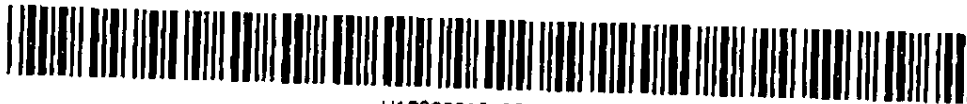


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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : SERVICELL WIRELESS REPAIR CENTER, CORP.
Account Number : I20160000091
Phone : (305)635-9694
Fax Number : (305)635-9868

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

Email Address: jj.servigera@yahoo.com

**FLORIDA LIMITED LIABILITY CO.
LAUNION CARPENTRY LLC**

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LAUNION CARPENTRY LLC

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

ARTICLE II - Address:

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

Principal Office Address:

8263 SW 107 AVE APT B
MIAMI, FL 33173

Mailing Address:

8263 SW 107 AVE APT B
MIAMI, FL 33173

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:

LORENZO TAMAYO

Name

8263 SW 107 AVE APT B

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

MIAMI

FL

33173

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..

Lorenzo Tamayo

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
 19 JAN -9 AM 9:54
 CLERK OF THE STATE
 DEPARTMENT OF REVENUE
 TALLAHASSEE, FL 32399

4190000101853

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager
MGR**Name and Address:**LORENZO TAMAYO
8263 SW 107 AVE APT B
MIAMI, FL 33173AREIBIS ESPINOSA
8263 SE 107 AVE APT B
MIAMI, FL 33173

MGR

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/09/2019 (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:**Lorenzo TamayoSignature 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.

LORENZO TAMAYO

Typed or printed name of signer

Filing Fees:

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

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STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FL 32399

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