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FILED
2019 AUG 30 PM 4: 44
SECRETARY OF STATE

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Re Form K	Restoration e of Limited Liability Company
The enclosed Articles of Organization and f	ee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Sergio	Hame of Person
 	Firm/Company
308 Corbe	2++ Bluff Dr. Address
	City/State and Zip Code COCHUNATO AMAIL. COM be used for future annual report notification)
For further information concerning this matte	r, please call:
Sergio Aquilar Name of Person	at (813) 1014 - 0870 Area Code Daytime Telephone Number
Enclosed is a check for the following amount	nt;
\$125.00 Filing Fee S130.00 Filing F Certificate of St	
Mailing Address	Street Address New Filing Section
New Filing Section Division of Corporations	New Filing Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, Fl. 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Reform Restoration 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:

308 Corbett Bluff Dr. 308 Corbett Bluff Busin Fl 33570	Principal Office Address:	Mailing Address:
		308 Corbett Bluff Dr RUSKIN, FL 33570

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:

Seygio Aguilar

Name

308 Corbett Bluff De

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

RUSKin FL 33570

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 Signature (REQUIRED

(CONTINUED)

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Title:	Name and Address:
"AMBR" = Author "MGR" = Manage	ed Member
President	Sergio Aguilar
	308 Corbett Bluff Dr.
	Ruskin, FL 33590
AMBR	Crustal Aquilar
	308 Cornett Burk Dr.
	Ruskin, FL 32570
	
n effective date is listed ate of filing.)	if other than the date of filing: 8 27 19 (OPTIONAL) the date must be specific and cannot be more than five business days prior to or 90 days a
TCLE V: Effective date is listed ate of filing.) E: If the date inserted in locument's effective date.	if other than the date of filing: 8 27 19 (OPTIONAL) the date must be specific and cannot be more than five business days prior to or 90 days a his block does not meet the applicable statutory filing requirements, this date will not be list on the Department of State's records.
TICLE V: Effective date is listed late of filing.) E: If the date inserted in document's effective date of the listed late of the listed late.	the date must be specific and cannot be more than five business days prior to or 90 days a this block does not meet the applicable statutory filing requirements, this date will not be list on the Department of State's records.
TCLE V: Effective date a effective date is listed late of filing.) E: If the date inserted in	if other than the date of filing: S Z G COPTIONAL Coption
TCLE V: Effective date is listed atte of filing.) E: If the date inserted in locument's effective date. TCLE VI: Other provise. REQUIRED SIG	if other than the date of filing: 8 27 19 (OPTIONAL) the date must be specific and cannot be more than five business days prior to or 90 days a this block does not meet the applicable statutory filing requirements, this date will not be list on the Department of State's records. Ins., if any.

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-