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(Requ	uestor's Name)	
(Addi	ess)	
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(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doct	ıment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
Image MIC	100000899	703

Office Use Only



800334352338

M SIMMONS



October 9, 2019

GUADALUPE LOZANO 3528 BRENTWOOD PLACE PANAMA CITY, FL 32404

SUBJECT: LOZANO REMODELING LLC

Ref. Number: W19000089903

We have received your document for LOZANO REMODELING LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The copy that was submitted is illegible for our imaging department. Please send in an original document not a copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 119A00020737

Marti Simmons Regulatory Specialist II

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: LOZANO Remodeling 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:
Guadalupe Lozano Name of Person
Name of Person
Lozano Kemadeling
Firm/Company J
3528 Brentwood place
Addrèss
Panamacity, Florida 32404 City/State and Zip Code
Lozanoguadalupe 637 @ gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Guada lupe Lozanou (830), 320-1256

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 Clifton 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:		
LOZAY (Must contain	O Remonthe words "Limited Lia	deling bility Company.	L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	ress of the principal offic	re of the Limited!	Liability Company is:
Principal	Office Address:		Mailing Address:
3528 Bren Panamacity	twood place, Florida 33	e 24.4 <u>P</u>	3528 Brentwood Dlace anama c. Ty, Florida 3240
ARTICLE III - Registered Agent (The Limited Liability Company or another business entity with an act	annot serve as its own Re	gistered Agent. Y	nt's Signature: You must designate an individual or
The name and the Florida street ad	dress of the registered ag	gent are:	
	Stephan	ESCOL	pedo
	3528 Bre Florida street address (1	P.O. Box <u>NOT</u> 20	Place
	Panama Ci	tu FL	32404
•	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 (REOUIRED

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MG (L	Guadeline Cotano
	panama city, Florida 3249
<u> </u>	
	
(Use attachment if necessary)	
EV: Effective date, if other than	
EV: Effective date, if other than ective date is listed, the date must filling.) the date inserted in this block do	at be specific and cannot be more than five business days prior to or 9 es not meet the applicable statutory filing requirements, this date will no
of filing.)	at be specific and cannot be more than five business days prior to or 9 es not meet the applicable statutory filing requirements, this date will no
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EV: Effective date, if other than ective date is listed, the date must filling.) the date inserted in this block do nent's effective date on the Department's effective date on the Department is Signature This document is a may are that a	est be specific and cannot be more than five business days prior to or 9 es not meet the applicable statutory filing requirements, this date will nurthent of State's records.

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