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## COVER LETTER

TO: New Filing Section Division of Corporations	20 FEB 20 PH 2: 46	
SUBJECT: Restige Name of Lin	nited Liability Company	Till Installation
The enclosed Articles of Organization and fee(s) at	re submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Rose	Name of Person	<b></b>
Prestige	Firm/Company	ne litt
6 souther	N Cross LN. Address	A1+208
Rogelio 653 Hamil address: (to be used	City/State and Zip Code	3436
I mail address: (to be used	for future annual report notification	1)
For further information concerning this matter, pleas	e call:	
Name of Person A	rea Code Daytime Telephone	s-7328 Number
Enclosed is a check for the following amount:		
□\$125.00 Filing Fee	☐\$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	Street Address New Filing Section Div	ision .

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	Installation
(Must conatin the Words "Limited Liability Co	Twstallation  This fallation  inpany, "L.L.C.," or "L.L.C.,"
ARTICLE II - Address: The mailing address and street address of the principal office of the	
Principal Office Address:	Mailing Address: 20'.
La APT 208  Bay n tow Beach.	
ARTICLE III - Registered Agent, Registered Office, & Register The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	ed Agent's Signature:
The name and the Florida street address of the registered agent are:	Padilla verossln
Florida street address (P.O. Box	NOT acceptable)
Brynfor Be City State	ach Flor 33436

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..

(CONTINUED)

#### ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Reading Paille
_/_ <i>G_</i> /	Rogelio Fadilla 6 southern cross IN. Alt 2.
	N
	20 FE
	E-
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of	of filing:
the date of filing.)	cific and cannot be more than five business days prior to or 90 days after
<b>Note:</b> If the date inserted in this block does not me the document's effective date on the Department o	eet the applicable statutory filing requirements, this date will not be listed as f State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Roy	Palella
Signature of a new This document is execute	nber or an authorized representative of a member. ed 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.

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)
- \$ 5.00 Certificate of Status (Optional)

Document number 47008683	Reinstate or revoke the dissolution  TILE INSTALLATION	210
And will file a new filing with the same name.		
SIGN NAME	2-19-2020 DATE	