

L20000059742

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

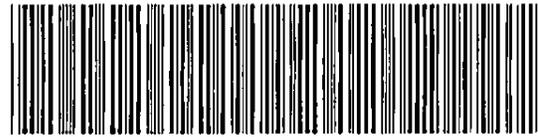
(Business Entity Name)

(Document Number)

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FEB 27 2020

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 02/26/2020

- CERTIFIED COPY** _____
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- FILING** LLC _____

- 1. **MATUTE SERVICES, LLC**
(CORPORATE NAME AND DOCUMENT #)
- 2. _____
(CORPORATE NAME AND DOCUMENT #)
- 3. _____
(CORPORATE NAME AND DOCUMENT #)
- 4. _____
(CORPORATE NAME AND DOCUMENT #)
- 5. _____
(CORPORATE NAME AND DOCUMENT #)
- 6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

MATUTE SERVICES, LLC

THE UNDERSIGNED SUBSCRIBES TO THESE ARTICLES OF ORGANIZATION, EACH A NATURAL PERSON COMPETENT, HEREBY ASSOCIATE THEMSELVES TOGETHER TO FORM A LIMITED LIABILITY COMPANY UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I

THE NAME OF THE ORGANIZATION IS:
MATUTE SERVICES, LLC

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ARTICLE II

THE GENERAL NATURE OF THE BUSINESS TO BE TRANSACTED BY THIS ORGANIZATION IS AS FOLLOW: TO CONDUCT BUSINESS IN THE FIELD OF GENERAL MAINTENANCE & REPAIRS, ANY OTHER BUSINESS THE BOARD MAY APPROVE FROM TIME TO TIME, HAVE ONE OR MORE OFFICES IN, AND BUY, HOLD, SELL, CONVEY, LEASE OR OTHERWISE DISPOSE OF PERSONAL AND REAL PROPERTY, INCLUDING FRANCHISES, TRADEMARKS, PATENTS, COPYRIGHTS, LICENSES, IN THE STATE OF FLORIDA AND OTHER STATES AND COUNTRIES.

PREPARED BY: TURNER AND MELENDEZ ACCOUNTANTS, INC
7540 US HIGHWAY ONE SUITE 103
LANTANA, FL 33462
TEL :(561)582-3046 FAX :(561)582-0899

ARTICLE III

THE INITIAL POST OFFICE ADDRESS OF THIS ORGANIZATION IS:

**4303 HERNDEN DR.
LAKE WORTH, FL 33461**

PALM BEACH COUNTY, FLORIDA. THE MEMBERS, FROM TIME TO TIME, MAY MOVE THE PRINCIPLE OFFICE TO ANY OTHER ADDRESS IN FLORIDA.

ARTICLE IV

CERTIFICATE DESIGNATING PLACE OF DOMICILE OR BUSINESS OF SERVICE OF PROCESS IN THE STATE OF FLORIDA AND DESIGNATION OF RESIDENT AGENT FOR SERVICE OF PROCESS.

IN PURSUANCE OF F.S. 48.091, THE FOLLOWING IS SUBMITTED IN COMPLIANCE WITH SAID ACT:

THAT DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH THE FOLLOWING PERSON DESIGNATED AS AGENT TO ACCEPT SERVICE OF PROCESS. ROSY L CASTILLO CRUZ, ADDRESS: 4303 HERNDEN DR., LAKE WORTH, FL 33461.

ACKNOWLEDGMENT

HAVING BEEN NAMED BY THE ABOVE CORPORATION TO ACCEPT SERVICE OF PROCESS DESIGNATED IN THE ABOVE CERTIFICATE, I HEREBY AGREE TO ACT IN SAID CAPACITY AND TO COMPLY WITH THE PROVISIONS OF KEEPING SAID OFFICE OPEN.

BY: Rosy Castillo Cruz
ROSY L CASTILLO CRUZ

ARTICLE V

THE NAME AND POST OFFICE ADDRESS OF THE MANAGERS OF ORGANIZATION:

ROSY L CASTILLO CRUZ
4303 HERNDEN DR.
LAKE WORTH, FL 33461

EVERT P MATUTE
4303 HERNDEN DR.
LAKE WORTH, FL 33461

MANAGER'S SIGNATURE

Rosy Castillo Cruz

ROSY L CASTILLO CRUZ

Evert P Matute

EVERT P MATUTE

SECRETARY OF STATE
TALLAHASSEE, FL

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