L20000098639

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer				
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2020 APR -8 PM 12: 18 SECRETARY OF STATE TALLAH/ASSEE, FL

N CULLIGAN APR 9 2020

COVERLETTER

	egistration Section ivision of Corporations				
SUBJECT	ON CALL GARAGE DOOR LLC.,				
SUBJECT	Name of Limi	ted Liability Company			
The enclose	ed Articles of Organization and fee(s) are	submitted for filing.			
Please retu	rn all correspondence concerning this mat	er to the following:			
	AMADEO NARCISO CONDE PICHA	RDO			
		Name of Person			
	ON CALL GARAGE DOOR LLC.,				
	Firm/Company				
	4603 OAK HAVEN DRIVE #108				
		Address			
	ORLANDO, FLORIDA 32839				
	Cit AMADEOCONDE@HOTMAIL.COM	y/State and Zip Code			
-	E-mail address: (to be used f	or future annual report notification)			
For further in	nformation concerning this matter, please	eall:			
		7153219			
		a Code Daytime Telephone Number			
Enclosed is	a check for the following amount:				
\$125.00 Fi	ling Fee S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Cadditional 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			



March 3, 2020

AMADEO NARCISO CONDE PICHARDO 4603 OAK HAVEN DRIVE #108 ORLANDO, FL 32839

SUBJECT: ON CALL GARAGE DOOR LLC

Ref. Number: W20000023581

We have received your document for ON CALL GARAGE DOOR LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$125.00.

Your mailed inquiry about this name. I can find no record of this name. If you wish to register this name return the Articles along with the filing fee.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 320A00004696

2020 APR -8 AM 10: 32

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2020 APR -8 PH 12: 18

ARTICLE I - Name	A	K.	IJ	CI	LΕ	1 -	Na	me	
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The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE, FL

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ON CALL	UAKAGE	LICILIK.	1.1.1

(Must end with 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: Mailing Address: 4603 OAK HAVEN DRIVE #108 4603 OAK HAVEN DRIVE #108 ORLANDO, FL 32839 ORLANDO, FL 32839

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:

ORLANDO	FLORIDA	32839
	CL OD ID 4	22020
Florida street addres	ss (P.O. Box <u>NOT</u> accep	ptable)
4603 OAK HAVEN	DRIVE #108	
	Name	
AMADEO NARCISO CONDE PICHARDO		

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 (REQUIRED)

(CONTINUED)

Page Lof 2

DT	17.	I F.	IV.

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

Title:	and a miles of Advantage	Name and Address:
MANGER = Mananger		AMADEO NARCISO CONDE PICHARDO 4603 OAK HAVEN DRIVE #108 ORLANDO, FL 32839
		SECF TA
		SECRETARY OF STAT
·	nt if necessary)	ing: 11/09/2019 (OPTIONAL)
If an <mark>effective date is li</mark> he date o <mark>f filing.)</mark> <u>Note:</u> If the date insert	isted, the date must be specific	and cannot be more than five business days prior to or 90 days after he applicable statutory filing requirements, this date will not be listed as
RTICLE VI: Other pr NSTALLER, REMOV	ovisions, if any. E AND FIX GARAGE DOOR	S FOR COMMERCIAL AND RESIDENTIAL
REOUIRED	SIGNATURE:	Muy)
	This document is executed in I am aware that any false info	r or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.
	AMADEO NARCISO Ty	ped or printed name of signee
		Filing Faur

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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