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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETAL OF STATE ALLAHASSEE FLORIDA

COVER LETTER

Division of Corporations
SUBJECT: Trim Carpentry By Jose F. Argueta Li.c. 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:
Jose Fernando Argueta Name of Person
Firm/Company
8405 SE Boxwood lane
Address
Hobe Sound, FL 33455 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
To Se Argueta (772) 486-0601 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status & 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

1 rin Carpentil by Jo	se r migueta, L.C.C.
(Must contain the words "Limited Liability Corr	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the L	imited Liability Company is:
Principal Office Address:	Mailing Address:
8405 Se Boxwood lane	8405 Se Boxwood Kine

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Name
8-105 Se Boxwood Lane
Florida street address (P.O. Box NOT acceptable) Hobe Sound FL 33455-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..

(CONTINUED)



	Name and Address:	
Title: "AMBR" = Author	norized Member	
"MGR" = Manag	ger	
MGR	Jose F. Argueta	
	Jose F. Argueta 8405 Se Boxwood Lane Hobe Sound, Ph 334	1'=1'
	Hobe Sound, EL 334	27
		
		
		
CLE V: Effective da effective da liste	late, if other than the date of filing: (OPTIONAL ted, the date must be specific and cannot be more than five business days prior to	.) o or 90 days a
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Filing Fees:

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

ARTICLE IV-

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