

L20000155892

6/11/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000177859 3)))



H200001778593ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : CORPOLICENSE, INC  
Account Number : 120050000118  
Phone : (305)774-9606  
Fax Number : (305)774-9660

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: lamarre2raider@51@gmail.com

FLORIDA LIMITED LIABILITY CO.  
GALAXY IMPACT WINDOWS & DOORS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

T. BURCH  
JUN 12 2020

Electronic Filing Menu

Corporate Filing Menu

Help

H30000177859

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY  
OF  
GALAXY IMPACT WINDOWS & DOORS, LLC**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 JUN 11 AM 8:57

FILED

**ARTICLE I - NAME:**

The name of the Limited Liability Company Is:

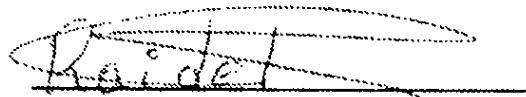
**GALAXY IMPACT WINDOWS & DOORS, LLC**

**ARTICLE II - ADDRESS:**

The mailing and principal address of the Limited Liability Company is:

**7111 NW 174<sup>th</sup> Ter, Apt 201  
Hialeah, FL 33015**

**ARTICLE III - Registered Agent, Registered Office, & Registered  
Agent's Signature:**



**Raidel Ramirez-Carpio  
7111 NW 174<sup>th</sup> Ter, Apt 201  
Hialeah, FL 33015**

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.

H30000177859

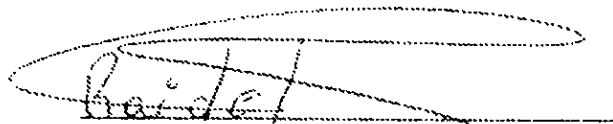
H20000177859

**ARTICLE IV - Management/Member(s):**

The name and address of each Manager or Managing Member is as follows:

<b><u>TITLE:</u></b>	<b><u>NAME AND ADDRESS</u></b>
AMBR	Raidel Ramirez-Carpio 7111 NW 174 <sup>th</sup> Ter, Apt 201 Hialeah, FL 33015

FILED  
2020 JUN 11 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Raidel Ramirez-Carpio  
7111 NW 174<sup>th</sup> Ter, Apt 201  
Hialeah, FL 33015

(In accordance with section 605.0201, Florida Statutes,  
The execution of this document constitutes an affirmation under  
The penalties of perjury that the facts stated herein are true.)

H20000177859