Division of Constations 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.

(((H20000211412 3)))



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 : HOMSI LAW, P.A. Account Number : 12019000004 Phone : (407)377-5507 Fax Number : (407)377-5967

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

FLORIDA LIMITED LIABILITY CO. NARDONE HOME REPAIR & RESTORATION, LLC

Certificate of Status	Ð
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

J DENNIS JUL 0 7 2020

,

H20000211412 3

ARTICLES OF ORGANIZATION

FOR

NARDONE HOME REPAIR & RESTORATION, LLC

ARTICLE I

The name of the Limited Liability Company is:

NARDONE HOME REPAIR & RESTORATION, LLC

ARTICLE II

The street address of the principal office of the Limited Liability Company is:

12333 SAWGRASS PRAIRIÉ LOOP ORLANDO, FLORIDA 32824

The mailing address of the Limited Liability Company is:

12333 SAWGRASS PRAIRIE LOOP ORLANDO, FLORIDA 32824

ARTICLE III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS PURPOSE.

ARTICLE IV

The Articles of Organization shall be effective immediately when filed with the Secretary of State of Florida.



Mailing Address 8815 Conroy-Windermere Road, #402 Orlando, Florida 32835 (407) 377-5507 www.Homsikaw.com

2::

H20000211412 3

ARTICLE V

The name and Florida street address of the registered agent is:

ANTHONY NARDONE 12333 SAWGRASS PRAIRIE LOOP ORLANDO, FLORIDA 32824

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.

Signature of Registered Agent:

Antholiy Nardone

The name and address of persons(s) authorized to manage the LLC:

Operating Manager: Anthony Nardone
Vice Operating Manager: Natalia C. Nardone
Secretary: Natalia C. Nardone

Treasurer: Anthony Nardone

Signature of an Authorized Representative:

William M. Homsi, Esq

I am an authorized representative of the members submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain active status.

HOMSI LAW, P.A.

Mailing Address
8815 Conroy-Windermere Road, #402
Orlando, Florida 32835
(407) 377-5507
www.HomsiLaw.com