

1/19/2021

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6351

From: Account Name : PERIZ ARCHE AN ACCOUNTING & TAX SERVICES INC  
Account Number : 120070000033  
Phone : (305)643-7000  
Fax Number : (305)643-3237

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

Email Address: araicaisabel@gmail.com

FLORIDA LIMITED LIABILITY CO.  
DUQUE'S FLOORING LLC

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2021 JAN 19 PM 4:35

T. BURCH  
JAN 20 2021

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: DUQUE'S FLOORING LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANA ISABEL ARAICA  
Name of Person  
PEREZ ARCHE AN ACCOUNTING & TAX SERVICES INC  
Firm/Company  
401 W FLAGLER ST STREET SUITE 501  
Address  
CORAL GABLES, FL 33134  
City/State and Zip Code  
anaisabel@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

ANA ISABEL ARAICA 305 849-7040  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

DUGHES FLOORING LLC

(Must contain 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:

1741 SW HAMPSHIRE LN  
PORT SAINT LUCIE FL 34953

1741 SW HAMPSHIRE LN  
PORT SAINT LUCIE FL 34953

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:

JOSE DUQUE LOZANO

Name

1741 SW HAMPSHIRE LN

Florida street address (P.O. Box **NOT** acceptable)

PORT SAINT LUCIE FL 34953  
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.

*Jose Duque Lozano*  
Registered Agent's Signature (REQUIRED)

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ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR _____	JOSE DUQUE LOZANO 111 SW HAMPSHIRE LN PORT SAINT LUCIE, FL 34953
AMBR _____	ROJAS, GENARDO 11090 SE FED HWY LOT 23 HOBE SOUND, FL 33455
_____	_____
_____	_____

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 TALLAHASSEE, FLORIDA  
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/19/2021 (OPTIONAL)  
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any

Please add the Federal Id Number: 86-1547650

**REQUIRED SIGNATURE:**

*Jose Duque Lozano*

Signature of a member or an authorized representative of a member.  
 This document is executed in accordance with section 605.0263 (1)(b), Florida Statutes.  
 I am aware that any 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.

JOSE DUQUE LOZANO  
 \_\_\_\_\_  
 Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)