

L21000119123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

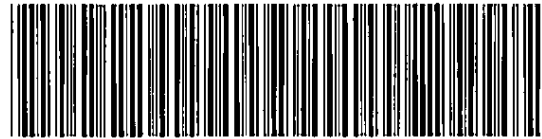
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/24/21--01002--001 **125.00

21 MAR 23 AM 2:45

2021 MAR 23 PM 3:07

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Padilla Construction LLC
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:

Elvin N Padilla Mendez
Name of Person

Firm/Company

5675 BARNHILL DR APT 13 JACKSONVILLE FL 32207
Address

Jacksonville FL 32207
City/State and Zip Code

Elvinpadilla23@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elvin Padilla at (904) 480 9003
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:

Padilla Construction 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:

5675 BARNHILL DR APT 13
JACKSONVILLE FL 32207

SAME

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:

Zygi Frons Ruiz
Name

5675 BARNHILL DR APT 13
Florida street address (P.O. Box NOT acceptable)

JACKSONVILLE FL 32207
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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR: Elvin N Padilla

AMBR

Name and Address:

5675 BARNHILL DR APT 13
JACKSONVILLE FL 32207

Enyi Flores Ruiz
5675 BARNHILL DR APT 13
JACKSONVILLE FL 32207

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing. (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.

Noted: If a date is listed and the document does not meet the appropriate statutory filing requirements, the date will not be considered as the date of filing and the document will be removed from the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(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.

[Signature] 3/23/21
Typed/printed name of signee

Filing Fees:

1.5% of the value of the assets of the organization and Designation of Registered Agent

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