

L21000154202

Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO. NAS RESTORATIONS LLC

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RESTORATIONS
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NAS RESTORATIONS, 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:

GUILLEN VALERO, JUAN C

TO: New Filing Section
Division of Corporations

Name of Person

SUBJECT: NAS RESTORATIONS, LLC

Firm/Company

1750 MANAROLA STREET, UNIT C-200

The enclosed Articles of Organization

Address

Please return all correspondence to:

KISSIMMEE, FL 34741

GUILLEN VALERO, JUAN C

City/State and Zip Code

TO: New Filing Section

Division of Corporations E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUBJECT:

GUILLEN VALERO, JUAN C

407

6847158

at ()

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)

For further information concerning this matter, please call:

TO: 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

Please return all correspondence to the following:

1750 MANAROLA STREET, UNIT C-200

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For further information concerning this matter, please call:

TO: New Filing Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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TALLAHASSEE, FL

STATE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

NAS RESTORATIONS, 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:

1750 MANAROLA STREET, UNIT C-200
KISSIMMEE, FL 34741

1750 MANAROLA STREET, UNIT C-200
KISSIMMEE, FL 34741

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:

GUILEEN VALERO, JUAN C
Name

1750 MANAROLA STREET, UNIT C-200

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

KISSIMMEE

FL

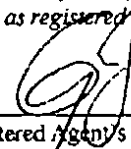
34741

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.


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:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MEMBER

GUILLÉN VALERO, JUAN C
1750 MANAKOLA STREET, UNIT C-200
KISSIMMEE, FL 34741

MEMBER

BARRIOS, GABRIELA
1750 MANAKOLA STREET, UNIT C-200
KISSIMMEE, FL 34741

(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.)

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:

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.

GUILLÉN VALERO, JUAN C

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)

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