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.

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To:

Division of Corporations

3052201440

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (385)675-5944

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

Email	Address:	<u> </u>	
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FLORIDA LIMITED LIABILITY CO. **A&A REMODELING CONTRACTORS LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION FOR FLORIDA I IMITED LIABILITY COMPANY

ARTICL	EI-	Name
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The name of the Limited Liability Company is:

A&A REMODELING CONTRACTORS 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:

9725 N. NEW RIVER CANAL RD

9725 N. NEW RIVER CANAL RD

PLANTATION, FL 33324

PLANTATION, FL 33324

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:

ALFREDO BELANDRIA

Name

9725 N. NEW RIVER CANAL RD

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

PLANTATION

FL

33324

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)

---2021-APR-1-4---14-9:-3-1

3052201440

Title: "AMBR" = Authorized Member	nthorized to manage and control the Limited Liab:lity Company: Name and Address:
"MGR" = Manager	
MGR	ALFREDO BELANDRIA
	9725 N. NEW RIVER CANAL RD
	PLANTATION, FL 33324
MGR	ANDREA PAEZ
	9725 N. NEW RIVER CANAL RD
	PLANTATION, FL 33324
(Use attachment if necessary)	
EV: Effective date if other than the days	SCT DAMANA
ective date is listed, the date must be enace	of filing: 04/13/2021 (OPTIONAL)
of filing.)	iffic and cannot be more than five business days prior to or 90
the date inserted in this block does not me	cet the applicable statutory filing requirements, if is date will not
	State's records.
ment's effective date on the Department of	
E VI: Other provisions if any	
E VI: Other provisions, if any. DALL LAWFUL BUSINESS	
E VI: Other provisions if any	
E VI: Other provisions if any	
E VI: Other provisions, if any. DALL LAWFUL BUSINESS	
E VI: Other provisions if any	4

ALFREDO BELANDRIA

Typed or printed name of signee

constitutes a third degree felony as provided for in s.817.155, F.S.

I am aware that any false information submitted in a document to the Department of State