

4/29/2021

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L210001323363

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(((H21000132336 3)))



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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : JULIO MORAN MULTI-SERVICES, CORP.
Account Number : I20190000059
Phone : (305)643-3922
Fax Number : (305)643-3211

2021 APR 29 AM 11:18

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

Email Address: ONEYDA SELGADO67@Gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
ONE'S REMODELING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2021 APR 29 PM 4:51



April 22, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ONEYDA D. SALGADO
2176 SW 4TH ST
APT 2
MIAMI, FL 33135US

SUBJECT: ONE'S REMODELING, LLC
REF: W21000055104

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

If you have any further questions concerning your document, please call (850) 245-6052.

SHAMIYA M HARRIS
Regulatory Specialist II
New Filings Section

FAX Aud. #: H21000132336
Letter Number: 621A00008345

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ONE'S REMODELING, 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:

ONEYDA D. SALGADO

Name of Person

ONE'S REMODELING, LLC

Firm/Company

2176 SW 4th. STREET, APT 2

Address

MIAMI, FL 33135

City/State and Zip Code

oneydasalgado67@gmail.com

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

For further information concerning this matter, please call:

ONEIDA D. SALGADO

786

406-2543

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)

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

H21000132336 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ONE'S REMODELING, 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:2176 SW 4th STREET, APT 2
MIAMI, FL 33135SAME

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:

ONEYDA D. SALGADO

Name

2176 SW 4th STREET, APT 2Florida street address (P.O. Box NOT acceptable)MIAMIFL33135

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)

H21000132336 3

2021 APR 29 AM 11:18

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

ONEYDA D. SALGADO
2176 SW 4th STREET, APT 2
MIAMI, FL 33135

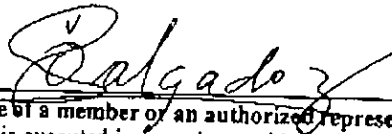
2021 APR 29 AM 11:19

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: APRIL 02, 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.

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.

AMBR ONEYDA D. SALGADO

Typed or printed name of signee

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)