5/8/2021



Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

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Account Number : 12000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

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C41	Addrace				

THE CONTRACTOR OF THE PARTY OF

FLORIDA LIMITED LIABILITY CO. FL DEVELOPERS & BUILDERS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE 1 - Name: he name of the Limited Liability Company is:	
FL DEVELOPERS & BUILDERS LLC	
(Must contain the words "Limited Liability Cor	mpany, "L.L.C.," or "LLC.")
RTICLE II - Address: he.mailing address and street address of the principal office of the I	Limited Liability Company is:
Principal Office Address:	Mailing Address:
255 EAST FLAGLER	
	0.4.5.40

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 emity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

MIAMI, FL 33131

.5

DOWNTOWN ACC	OUNTING MIAMI	
	Name	
255 EAST FLAGLE	R ST # 101	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	ceptable)
MIAMI	FL	33131
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)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	authorized to manage and control the Limited Liability Company: Name and Address:		
AMBR	CESAR A. VIDAL JIMENEZ 255 EAST FLAGLER ST MIAMI, FL 33131		
AMBR	IVAN E. PACHECO 255 EAST FLAGLER ST MIAMI, FL 33131		
(Use attachment if necessary)			
iic of illing i	of filing: cific and cannot be more than five business days prior to or 90 day, eet the applicable stanuory filing requirements, this date will not be lift State's records.		
CLE VI: Other provisions, if any,	· Jane s records.		

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.

CESAR A. VIDAL JIMENEZ

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)