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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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CORPORATE ACCESS, _	When you need ACCESS to the world
INC.	236 East 6th Avenue. Tallahassee, Florida 32303 O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
	WALK IN
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MAKIO	Fivish And Drywall LLC
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(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

1.

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: MARIO FINISH AND DRYWALL IIC 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:
GRACIA INZERIllo
Name of Person
TOTAL ACCOUNTING SERVICES
14651 SW 148 ST CIECLE
Address
MINMI FL 33196 City/State and Zip Code TASERVICES Ø1 @ 9MGIL, COM
TASERVICES OF GMGIL, COM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Status S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$125.00 Filing Fee & S160.00 Filing Fee, 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 of Corporations Clifton Building Tallahassee, Fl. 32314 2661 Executive Center Circle Tallahassee, Fl. 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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SECRETARY OF STATE TALLAHASSEE, FL

MAKIO FINISH AND DRYWALL LLC
(Must contain the words "Limited Liability Company, "L.L.C." or "L.L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
3815 SW 16 STARET	3815 CW 16 STREET
APT 21	AOT 21
FT LAURDERDALE FL	FT LAUDERDALG FL
33112	33112

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:

MARIO E. ORELLANA
Name
3815 SW 16 STREET APT 21
Florida street address (P.O. Box NOT acceptable)
FT LAUDERDALE FL 33/12
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.

(CONTINUED)

Title: "AMBR" - Authorized Member	Name and Address:
"MGR" - Manager	MARIO ORFIIANA 3815 SW TUSTREET APT 21 TI LAUDERDALE FL 33112
	SECRET
	
	SEE, TATI
(Use attachment if necessary)	111
CLE V: Effective date, if other than the c effective date is listed, the date must be ite of filing.)	iste of filing: 6/4/2021 (OPTIONAL) specific and cannot be more than five business days prior to ur 90 days aft of meet the applicable statutory filing requirements, this date will not be filene
CLE V: Effective date, if other than the coeffective date is listed, the date must be stee of filing.) If the date inserted in this block does no	iste of filing: 614 2021 (OPTIONAL) specific and cannot be more than five business days prior to ur 90 days aft of meet the applicable statutory filing requirements, this date will not be fit to the
CLE V: Effective date, if other than the ceffective date is listed, the date must be ste of filing.) If the date inserted in this block does assument's effective date on the Department of the	date of filing: 64 2021 (OPTIONAL) especific and cannot be more than five business days prior to ur 90 days affect the applicable statutory filing requirements, this date will not be listed ent of State's records.
CLE V: Effective date, if other than the ceffective date is listed, the date must be ste of filing.) If the date inserted in this block does no cument's effective date on the Department's ef	iste of filing: 6/4/2021 (OPTIONAL) specific and cannot be more than five business days prior to ur 90 days affect the applicable statutory filing requirements, this date will not be firm

Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

S 5.00 Certificate of Status (Optional)