

# Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**221000279249**

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6/16/21  
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To:

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

From:

Account Name : UNITED AGENT SERVICES LLC  
Account Number : I20210000087  
Phone : (866)246-2669  
Fax Number : (520)333-2793

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

Email Address: filings@unitedagentservices.com

**FLORIDA LIMITED LIABILITY CO.**  
**Luxe Interior Finishes LLC**

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Electronic Filing  
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Corporate Filing Menu

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Luxe Interior Finishes LLC

(Must end with 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:

2678 Cardassi Drive Ocoee, Florida  
34761

#### Mailing Address:

2678 Cardassi Drive Ocoee, Florida  
34761

### 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:

United Agent Services LLC

Name

9100 Conroy Windermere Rd #200-UAS

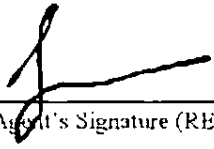
Florida street address (P.O. Box NOT acceptable)

Windermere

FL 34786

City, State, and 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 608, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

AMBR

2678 Cardassi Drive Ocoee, Florida 34761

**ARTICLE VI:** Other provisions, if any.

Ruby Willard

Typed or printed name of signee

**\$ 5.00 Certificate of Status (Optional)**