

L21000331602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

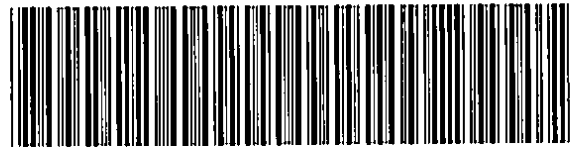
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2021 JUL 20 PM 12:02

SECRETARY OF STATE
ALLAHSEE, FLORIDA

2021 JUL 20 PM 1:14

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 7/20 DANNY

XX CERTIFIED COPY

PHOTOCOPY

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XX FILING

LLC

1. ACE FLOORING & BATHS LLC

(CORPORATE NAME AND DOCUMENT #)

2.
(CORPORATE NAME AND DOCUMENT #)

3.
(CORPORATE NAME AND DOCUMENT #)

4.
(CORPORATE NAME AND DOCUMENT #)

5.
(CORPORATE NAME AND DOCUMENT #)

6.
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.

The name of the Limited Liability Company is:

ACE FLOORING & BATHS LLC

RECORDED - STATE
TALLAHASSEE, FL

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ARTICLE II.

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

26900 IMPERIAL HARBOR BLVD

BONITA SPRINGS FL 34135

The mailing address of the Limited Liability Company is:

26900 IMPERIAL HARBOR BLVD

BONITA SPRINGS FL 34135

ARTICLE III.

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

ARTICLE IV.

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

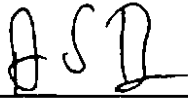
BERENYI, ALEXSANDOR

26900 IMPERIAL HARBOR BLVD

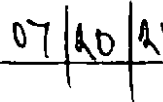
BONITA SPRINGS FL 34135

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



Date:

ARTICLE V.

The name and address of each Manager or Managing Member is as follows:

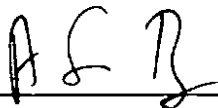
Name and Address:

Title: MGRM

BERENYI, ALEXSANDOR

26900 IMPERIAL HARBOR BLVD

BONITA SPRINGS FL 34135



In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

ASB

Signature of a member or an authorized representative of a member.

ALEXSANDRO BENEATTI

Typed or printed name of signee

07/20/21

Date

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DEPARTMENT OF STATE
TALLAHASSEE, FL

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