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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : PRONTO TAX & ACCOUNTING SERVICES, INC  
Account Number : I20090000095  
Phone : (305)267-1092  
Fax Number : (305)267-2819

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

Email Address:

rcoromach@prontotax.com

FLORIDA LIMITED LIABILITY CO.  
FIVE STAR PRO PAINTERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2021 JUN 29 AM 11:11

21 JUN 29 AM 9:07

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

FIVE STAR PRO PAINTERS 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:179 NW 10<sup>TH</sup> ST  
Homestead, FL 33030Mailing Address:179 NW 10<sup>TH</sup> ST  
Homestead, FL 33030

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Jacob Jarquin

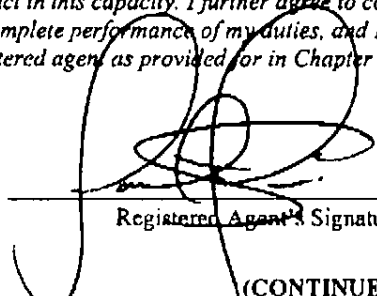
Name

179 NW 10<sup>TH</sup> ST

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

<u>HOMESTEAD</u>	<u>FL</u>	<u>33030</u>
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)

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**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:**MGRJACOB JARQUIN179 NW 10<sup>TH</sup> STHOMESTEAD, FL 33030MGRYESICA MOSQUEA179 NW 10<sup>TH</sup> STHOMESTEAD, FL 33030

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 6, 2017 . (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.Jacob Jarquin 90%Yesica Mosquea 10%**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.

Jacob Jarquin

Typed or printed name of signee

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