L21000532372

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE 12/27/2021	**WALK IN*
ENTITY NAME SOUTH	FL CONSTRUCTION SERVICES LLC
DOCUMENT NUMBER_	
	PLEASE FILE THE ATTACHED AND RETURN
XXXXXX	Plain Copy
	Certified Copy
	Certificate of Status
***	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Arts & Amendments
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
	Certificate of Status
	Certificate of Status Reflecting:
	APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DESTINATION	DN
NUMBER OF CERTIFICATI	ES REQUESTED
TOTAL OWED \$ 125.00	ACCOUNT # 120160000072 4: C)
Please call Tina at the	above number for any issues or concerns. Thank you so much!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
SOUTH FL CONSTRUCTION SERVICES LLC				
(Must contain the words "Limited Liability Co	ompany, "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:	Mailing Address:			
19108 W DIXIE HIGHWAY	19108 W DIXIE HIGHWAY			
MIAMI, FL 33180	MIAMI, FL 33180			
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)				

KIMBERLY JOHNSON-GOHAR

Name

2210 N 46TH AVE

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

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

HOLLYWOOD

FL

33021

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 gent's Signature (REQUIRED)

(CONTINUED)

2021 DEC 27 PM 1: 49

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager <u>MGR</u>	KIMBERLY JOHNSON-GOHAR 2210 N 46TH AVE HOLLYWOOD, FL 33021
	
 _	
(Use attachment if necessary)	
(If an effective date is listed, the date must be the date of filing.)	specific and cannot be more than five business days prior to or 90 days after or meet the applicable statutory filing requirements, this date will not be listed a ent of State's records.
REOUIRED SIGNATURE:	
This document is exe I am aware that any fa	member of an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
KIMBERLY J	OHNSON-GOHAR Typed or printed name of signee

as

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)