

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L21000532957

Note: Please print this page and use it as a cover sheet. Type the fax attach number (shown below) on the top and bottom of all pages of the document.

((H21000461578 3)))



H210004615783ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : MAD ACCOUNTING AND TAXES LLC
Account Number : 120210000151
Phone : (786)704-4244
Fax Number : (844)628-0563

2021 DEC 27 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Email Address: _____

RECEIVED
2021 DEC 27 PM 3:32

FLORIDA LIMITED LIABILITY CO.
CASTILLOS HANDYMAND LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")*

Castillos Handyman LLC.

2021 DEC 27 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE II - Address:

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

2061 NW 305th Apt # 10
Miami FL 33142

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

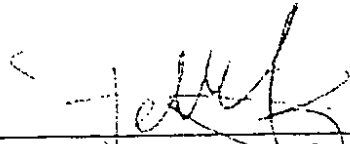
Marcos Arzate
2783 NW 196 Terrace
Miami FL 33056

ARTICLE IV-

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

(Ambr) Felix Herman Castillo Riva

Required Signatures:



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

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.

Felix P. Cas Nido Rivas

Typed or printed name of signee

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)

2021 DEC 27 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



December 27, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MAD ACCOUNTING AND TAXES LLC

SUBJECT: CASTILLOS HANDYMAN LLC
REF: W21000161016

We have received your document for CASTILLOS HANDYMAN LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please list all information within the articles legible.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jalesa S Dennis
Regulatory Specialist II

FAX Aud. #: H21000461578
Letter Number: 321A00031081

2021 DEC 27 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED