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Division of Corporations

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Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
SHADES AND DRAPES, LLC**

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SHADES AND DRAPES, LLC

(Must contain 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:**2290 NW 82<sup>ND</sup> AVENUEDORAL, FLORIDA 33122**Mailing Address:**2290 NW 82<sup>ND</sup> AVENUEDORAL, FLORIDA 33122**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:

MARIANA CASTELLO

Name

970 LAKEWOOD CTFlorida street address (P.O. Box NOT acceptable)WESTONFLORIDA33326

City

State

Zip

*I 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)

(CONTINUED)

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


<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	MARIANA CASTELLO
	970 LAKEWOOD CT
	WESTON FLORIDA 33326
AMBR	YOSLEN LEON
	4611 NW 97 TH CT
	DORAL FLORIDA 33178

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing 01/21/2022 (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.

**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.  
Mariana Castello  
Typed or printed name of signee

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