

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L22000108214

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

(((H22000098702 3)))



H220000987023ABC/

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 : SOSME ACCOUNTING & TAX SERVICES LLC
Account Number : I20200000102
Phone : (954)998-1035
Fax Number : (954)573-1480

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

Email Address: _____

2022 MAR 16 AM 12:09
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

FLORIDA LIMITED LIABILITY CO.

CP WOODWORK PLUS LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CP WOODWORK PLUS LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAURICIO ALFONSO HERNANDEZ CARDENAS

Name of Person

CP WOODWORK PLUS LLC

Firm/Company

9596 SW 1ST COURT

Address

CORAL SPRINGS FL 33071

City/State and Zip Code

CPWOODWORKPLUS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAURICIO HERNANDEZ

786

768-0585

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2022 MAR 16 AM 12:09
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CP WOODWORK PLUS 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:

9596 SW 1ST COURT
CORAL SPRING FL 33071

Mailing Address:

9596 SW 1ST COURT
CORAL SPRING FL 33071

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:

MAURICIO ALFONSO HERNANDEZ CARDENAS

Name

9596 SW 1ST COURT

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

<u>CORAL SPRING</u>	<u>FL</u>	<u>33071</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)

(CONTINUED)

FILED
2022 MAR 16 AM 12:09
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

AMBR = Authorized Member

MGR = Manager

MANAGER

Name and Address:

MAURICIO ALFONSO HERNANDEZ CARDENAS
9596 SW 1ST COURT
CORAL SPRING FL 33071

STATE DEPT. OF STATE
 TALLAHASSEE, FLORIDA

2022 MAR 16 AM 12:09

FILED

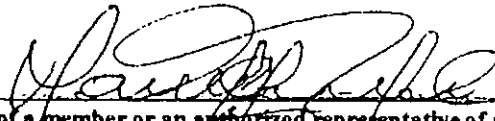
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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 § 817.155, F.S.

MAURICIO ALFONSO HERNANDEZ CARDENAS

Typed or printed name of signee

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)