

3/8/22, 6:15 PM

**L22000117788**

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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

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To:

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

From:

Account Name : ON-SITE ACCOUNTING INC  
Account Number : I20210000176  
Phone : (813)764-9516  
Fax Number : (813)764-0028

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

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

Email Address: \_\_\_\_\_

### FLORIDA LIMITED LIABILITY CO.

#### Drywall Finishing by Duque, LLC

Certificate of Status	0
Certified Copy	0
Page Count	6
Estimated Charge	\$125.00

HL

2nd request

850-817-8381

3/10/2022 8:32:42 PM PAGE 1/001 Fax Server



March 10, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ON - SITE ACCOUNTING INC

SUBJECT: DRYWALL FINISHING BY DUQUE, LLC  
REF: W22000031573

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

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

Matthew T Moon  
Regulatory Specialist II Supervisor  
New Filing Section

FAX Aud. #: H22000090403

Letter Number: 622A000057

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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H72000090403 3

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Drywall Finishing by Duque, 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:

Erik Duque

Name of Person

Drywall Finishing Services, LLC

Firm/Company

616 Hemlock Lane

Address

Lakeland, FL 33810

City/State and Zip Code

admin@on-siteaccounting.net

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

For further information concerning this matter, please call:

Erik Duque

813

704-7853

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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Drywall Finishing by Duque, 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:616 Hemlock Lane  
Lakeland, FL 33810Mailing Address:616 Hemlock Lane  
Lakeland, FL 33810

## 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:

On-Site Accounting, Inc.

Name

304 E. Baker Street, Suite DFlorida street address (P.O. Box **NOT** acceptable)Plant City

City

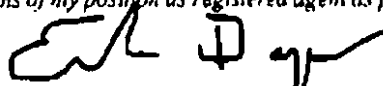
FL

State

33563

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)

 SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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:**

MGR

Erik Duque

616 Hemlock Lane

Lakeland, FL 33810


(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 (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 on a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Erik Duque, Manager

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)

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