6/15/22, 11:38 AM Division of Corporations

# L120001748 The 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.

(((H22000208161 3)))



H220002081613ABCW

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 : LICENSES & PERMITS LLC

Account Number : 120210000155 Phone : (305)226-8727 Fax Number : (305)226-8767

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

Email	Address:	 

ION 16 PH 3: 37

# FLORIDA LIMITED LIABILITY CO. EASY FLOORING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

"FILED "22 JUN 16 PH 12: 35 SECRETARY OF STATE TALLAHASSEE, FI OPINA

Electronic Filing Menu

Corporate Filing Menu

Help



## **COVER LETTER**

	New Filing Se Division of Co					
SUBJEC		OORING LLC				
		Name of	Limited Liabi	lity Company	<del></del>	
The encle	osed Articles of	Organization and fee(s	) are submitte	d for filing.		
Please re	tu <b>rn all corres</b> p	ondence concerning this	s matter to the	following:		
	LUCIA EST	TRELLA				
			Name o	f Person		
	LICENSES	& PERMITS LLC				
			Firm/Co	ompany		
	8300 WEST	FLAGLER STREET S	SUITE 114			
			Add	TESS		
	MIAMI, FL	ORIDA 33144				
	CRUZ.LICE	NSES114@GMAIL.CO	City/State ar	nd Zip Code		
		E-mail address: (to be u		innual report notificat	ion)	
For further	information co	ncerning this matter, ple	case call:			
	LUCIA ESTRELLA		305	226.8727	St.C. TALL	. 22
	Nam	e of Person	Area Code	Daytime Telephon	e Number	
Enclosed.	is a check for t	ne following amount:			SEE	9 F
国\$125.0	0 Filing Fee	☐\$130.00 Filing Fee Certificate of Status	Cartifi	5.00 Filing Fee & ed Copy al copy is enclosed)	Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed	ယ္ယ
	New Fi Divisio P.O. Be	g Address ling Section on of Corporations ox 6327 assec, FL 32314		Street Address New Filing Section Di The Centre of Tallahs 2415 N. Monroe Street Tallahassee, FL 3230	issee et, Suite 810	

ARTICLE IV-

"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	EDUARDO ANTONIO CASTRO	
	21684 N. HERITAGE CIRCLE PEMBROKE PINES, FLORIDA 33029	
	. 20 miles	
· · - · · · · · · · · · · · · · ·		
<del></del>		
(Use attachment if necessary)		
•	ate of fillings	
LEV: Effective date, if other than the d	ate of filing: (OPTIONAL)	AVA #87
LEV: Effective date, if other than the diffective date is listed, the date must be c of filing.)	specific and cannot be more than five business days prior to or 90 d	•
CLE V: Effective date, if other than the diffective date is listed, the date must be a of filing.)  If the date inserted in this block does no	specific and cannot be more than five business days prior to or 90 do t meet the applicable statutory filing requirements, this date will not h	•
CLE V: Effective date, if other than the defective date is listed, the date must be se of filing.)  If the date inserted in this block does not current's effective date on the Department.	specific and cannot be more than five business days prior to or 90 do t meet the applicable statutory filing requirements, this date will not h	•
CLE V: Effective date, if other than the diffective date is listed, the date must be a of filing.)  If the date inserted in this block does no	specific and cannot be more than five business days prior to or 90 do t meet the applicable statutory filing requirements, this date will not h	•
CLE V: Effective date, if other than the diffective date is listed, the date must be e of filing.)  If the date inserted in this block does not current's effective date on the Department.	specific and cannot be more than five business days prior to or 90 do t meet the applicable statutory filing requirements, this date will not h	•
CLE V: Effective date, if other than the diffective date is listed, the date must be e of filing.)  If the date inserted in this block does no current's effective date on the Department.	specific and cannot be more than five business days prior to or 90 do t meet the applicable statutory filing requirements, this date will not h	•
LE V: Effective date, if other than the diffective date is listed, the date must be e of filing.)  If the date inserted in this block does no urdent's effective date on the Department LE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 do t meet the applicable statutory filing requirements, this date will not h	•
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.)  If the date inserted in this block does not uncent's effective date on the Department.	specific and cannot be more than five business days prior to or 90 do t meet the applicable statutory filing requirements, this date will not h	•
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.)  If the date inserted in this block does not uncent's effective date on the Department LE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 do t meet the applicable statutory filing requirements, this date will not h	o listed 22 JUN 16
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.) If the date inserted in this block does not uncent's effective date on the Department. LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 dopt meet the applicable statutory filing requirements, this date will not have of State's records.	elisted 22 JUN 16 PM
CLE V: Effective date, if other than the diffective date is listed, the date must be e of filing.)  If the date inserted in this block does not current's effective date on the Department. The Course of Signature of a This document is executed in the date inserted in this document is executed.	specific and cannot be more than five business days prior to or 90 do neet the applicable statutory filing requirements, this date will not heart of State's records.	22 JUN 16 PH 12:
LE V: Effective date, if other than the diffective date is listed, the date must be e of filing.)  If the date inserted in this block does no urnent's effective date on the Department.  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is executed any sware that any factors.	specific and cannot be more than five business days prior to or 90 dopt meet the applicable statutory filing requirements, this date will not have of State's records.	PH 91 NN 22 JUN 16 PM

Filing Fees:
\$1,25.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5,00 Certificate of Status (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

#### EASY FLOORING 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:

Mailing Address:

21684 N. HERITAGE CIRCLE PEMBROKE PINES, FLORIDA 33029 21684 N. HERITAGE CIRCLE PEMBROKE PINES, FLORIDA 33029

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:

**EDUARDO ANTONIO CASTRO** 

Name

21684 N. HERITAGE CIRCLE

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

PEMBROKE PINES
City

33029

PINES FLORIDA
State

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..

(CONTINUED)

istered'Agent's Signature (REQUIRED)

22 JUN 16 PM 12: 35 SECRETARY OF STATE TALLAHASSEE, FLORID