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FLORIDA LIMITED LIABILITY CO. INSTALLS UNLIMITED LLC

T. SCOTT SEP - 6 2022

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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Help

ARTICLESOF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Installs Unlimited 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:

8300 NW 53RD ST_SUITE 102_DORAL, FL 33166

SAME

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:

BIZCAMP, LLC

Name

8300 NW 53RD ST SUITE 102

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

Doral Florida 33166

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, E.S.,

Yesit Campo

Registered Agent's Signature
(REQUIRED)

(CONTINUED)



ARTICLE IV	
The name and address of each person authorize	zed to manage and control the Limited Liability Company:
`Title: Name and Address:	
"AMBR" # Authorized Member "MGR" = N	vlanager
<u>MGR</u>	TOCA, GABRIELA 8300 NW 53RD ST, SUITE 102, DORAL FLORIDA 33166
(Use attachment if necessary)	
(Ose attachment if necessary)	
specific and cannot be more than five business days prior	pplicable statutory filing requirements, this date will not be listed as the

(CONTINUED)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Yesit Campo

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.

YESIT J. CAMPO

Typed or printed name of signee

Gabriella Toca (Aug. 30, 2022 42 02 CDT)

Signature of Manager-Toca Gabriela.