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## COVER LETTER

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TO:

**New Filing Section** 

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

Division of Corporations
SUBJECT: Cecilias Exteriors L.L.C.  Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for fiting.
Please return all correspondence concerning this matter to the following:
Jason Lawrence Archaleta Name of Person
Cecilias Exteriors L.C. Firm/Company
1757 N. Woodbury Ct
Apop Ka, Florida 32712 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
AL 22
Jason Architeta at (407) 618 4347
For further information concerning this matter, please call:  Jason Archuleta at (407) 618 4347  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section  Street Address New Filing Section Division

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Cocilias Exteriors	L.L.C.
(Must contain the words "Limited Liability C	
ARTICLE II - Address: The mailing address and street address of the principal office of the	ne Limited Liability Company is:
Principal Office Address:	Mailing Address:
Apopka, Ft 32712	1757 N, Woodbury C+ Apopka, FL 32712

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:

ARTICLE I - Name:

Name

1757 N. Woodbury Ct

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

Apopka, Florida 32712

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 (REQUIRE

(CONTINUED)

SECRETARY OF PROPE

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	A 1 1 1
AMBR	Jason Lawrence Archalota
	1797 N. Wood bury Ct
	Jason Lawrence Archuleta 1797 N. woodbury Cot Apolka, Florida 37712
	·
(Use attachment if necessary)	
(Ose attachment if necessary)	
PTICLE V. Effective date, if other than the	date of filing: 09-01-2012 (OPTIONAL)
	e specific and cannot be more than five business days prior to or 90 days after
se date of filling.)	s specific and cause for many times are a same or any a prior to see you any a same
	not meet the applicable statutory filing requirements, this date will not be listed as
ne document's effective date on the Departm	
TYPECT PART ON THE CONTROL OF THE CO	
RTICLE VI: Other provisions, if any,	
	20 2
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REQUIRED SIGNATURE:	₹ 3 × 1
galle	Chechuleto To
	member or an authorized representative of a member.
This document is ex	ecuted in accordance with section 605.0203 (1) (b). Florida Statutes.
I am aware that any t	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.  False information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
	A .
Jason	Typed or printed name of signee
	Typed or printed name of signee

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

S 5.00 Certificate of Status (Optional)