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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : VORAUS S&O LLC
Account Number : I20220000166
Phone : (321)732-2022
Fax Number : (407)577-3447

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.
RESTORATIONS SWFL LLC

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

2022 NOV 28 PM 3:20

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: RESTORATIONS SWFL 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:

NIXON RAMIREZ
Name of Person

RESTORATIONS SWFL LLC
Firm/Company

1420 CELEBRATUIN BLVD SUITE 200
Address

KISSIMMEE, FL, 34747
City/State and Zip Code

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

For further information concerning this matter, please call:

NIXON RAMIREZ at (407) 552-6142
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

RESTORATIONS SWFL 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:**
1420 CELEBRATION BLVD SUITE 200 KISSIMMEE, FL 34747	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:

VORAUS S&O LLC
Name

994 E OSCEOLA PKWY
Florida street address (P.O. Box NOT acceptable)

KISSIMMEE FL 34744
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)

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	CORAGUL CORP REP BY NIXON RAMIREZ 1420 CELEBRATION BLVD SUITE 200 KISSIMMEE, FL 34747
AMBR	LUIS JOSE RAMIREZ 5500 CELEBRATION BLVD POINT WAY APT 310 MARGATE, FL 33063
AMBR	JOSE CANDELARIO PUENTES 5500 CELEBRATION BLVD POINT WAY APT 310 MARGATE, FL 33063
AMBR	WILMER PUENTES 5500 CELEBRATION BLVD POINT WAY APT 310 MARGATE, FL 33063

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/23/2022 (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.
RESTORATION SERVICES AND ANY ALL LAWFUL PURPOSE IN THE UNITED STATES

REQUIRED SIGNATURE:

Nixon Ramirez

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (h), 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.

Nixon Ramirez
Typed or printed name of signer

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)