

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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SALCEDOLA54@GMAIL.COM Email Address:

FLORIDA LIMITED LIABILITY CO.

Fresh Look Maintenance LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

Fresh Look Maintenance LLC

(Must end with 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:
390 112th Avenue N 6306	390 112th Avenue N 6306
Saint Petersburg, FL 33716	Saint Petersburg, FL 33716

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:

Luis A Salcedo Sainz	
Name	
390 112th Avenue N 630	6
Florida street address (P.O. Box	NOT acceptable)
Saint Petersburg	_{FL} 33716
City	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

Registered Agent's Signature (KEQUIKED)

Luis A Salcedo Sainz

(CONTINUED)

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Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Luis A Salcedo Sainz
	390 112th Avenue N 6306
	Saint Petersburg, FL 33716
AMBR	Ivonne A Cerna Gallo
	390 112th Avenue N 6306
	Saint Petersburg, FL 33716
E V: Effective date, if other than the	date of filing:
(Use attachment if necessary) EV: Effective date, if other than the ective date is listed, the date must be filling.) EVI: Other provisions, if any.	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 90
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E V: Effective date, if other than the ective date is listed, the date must has filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with sec	Docusigned by. BSCEFE 989218450 a member or an authorized representative of a member. Tion 605.0203 (1) (b), Florida Statutes, the execution of this document
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E V: Effective date, if other than the ective date is listed, the date must he filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirmat I am aware that any factors.)	Docusioned by BSCLFE98921E450 a member or an authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. See information submitted in a document to the Department of State

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