Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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Email Address:\_\_

## FLORIDA LIMITED LIABILITY CO. US BUILDING SOLUTIONS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

JAN 25 MH2: 35

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA	A LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	- COMPANI
US BUILDING SOLUTIONS, 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	
Principal Office Address:	Mailing Address:
368 CITRUS POINTE DR	368 CITRUS POINTE DR
DAVENPORT, FL 33837	DAVENPORT, FL 33837
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve us its own Registered another business entity with an active Florida registration.)	ered Agent's Signature: ad Agent. You must designate an individual or
The name and the Florida street address of the registered agent are	:
JUAN DE FILIPPIS	
Name	

368 CITRUS POINTE DR
Florida street address (P.O. Box NOT acceptable)

DAVENPORT FL 33837
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 (i05, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

25 F.: 12:

<u>Title:</u>	authorized to usuage and control the Limited Lability Company:
"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	. !
	JESUS RUIZ
	368 CITRUS POINTE DR
	DAVENPORT, FL 33837
MGR	
	JUAN DE FILIPPIS
	368 CITRUS POINTE DR
	DAVENPORT, FL 33837
(Use attachment if necessary)  TICLE V: Effective date, if other than the da	te of filing: 01/23/2023
TICLE V: Effective date, if other than the data effective date is listed, the date must be so date of filing.)	te of filing: 01/23/2023 (OPTIONAL) specific and caunot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be list of State's records
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