Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000040128 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

from:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 : (305)444-4994 Phone : (305)328-4774 Fax Number

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. MASTER ROOFING SOLUTIONS, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

202

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ΛK	l	lC	LE	, i	-	i Pri	3 mi	c:

The name of the Limited Liability Company is:

MASTER ROOFING SOLUTIONS, LLC.

Principal Office Address:

(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:

Mailing Address: 67 W. ARCH DRIVE 67 W. ARCH DRIVE LAKE WORTH, FL. 33467 AKE WORTH, FL. 33467

ARTICLE III - Registered Agent, Registered Office. & Registered Agent's Signature:

(The Limited Linbility 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:

JORGE TRUEBA		
	Name	
67 W. ARCH DRIVE	:	
Florida street address	s (P.O. Box <u>NOT</u> as	cceptable)
LAKE WORTH	FL	33467
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)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
<u>MGR</u>	JORGE TRUEBA 67 W. ARCH DR. LAKE WORTH, FL. 33467
(Use attachment if necessary)	
CLE V: Effective date, if other than the deffective date is listed, the date must be the of filling.) If the date inserted in this block does not be determined in this block does not be determined.	ate of filing: 01/25/2023 (OPTIONAL) specific and cannot be more than five business days prior to or 90 deserted the applicable statutory filing requirements, this date will not be not of State's records.
CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.) If the date inserted in this block does not current's effective date on the Department.	specific and cannot be more than five business days prior to or 90 d at meet the applicable statutory filing requirements, this date will not b
CLE V: Effective date, if other than the deffective date is listed, the date must be se of filing.) If the date inserted in this block does not current's effective date on the Department.	specific and cannot be more than five business days prior to or 90 d at meet the applicable statutory filing requirements, this date will not b
CLE V: Effective date, if other than the defective date is listed, the date must be te of filling.) If the date inserted in this block does not current's effective date on the Department of the CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 d at meet the applicable statutory filing requirements, this date will not b