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Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPOLICENSE, INC

Account Number : 120050000118 : (305)774-9606 Phone

Fax Number : (305)774-9660

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FLORIDA LIMITED LIABILITY CO.

ATLAS BUILDERS, LLC

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Atlas Bilders

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February 8, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPOLICENSE, INC

SUBJECT: ATLAS BUILDERS, LLC

REF: W23000017097

Atlas Bulders & Development, LLC

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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Genesis R Kersey OPS Clerk

FAX Aud. #: B23000049887 Letter Number: 123A00003050

H230000 49887

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF ATLAS BUILDERS & DEVELOPMENT, LLC

ARTICLE I - NAME:

The name of the Limited Liability Company 1s:

ATLAS BUILDERS & DEVELOPMENT, LLC

ARTICLE II - ADDRESS:

The mailing and principal address of the Limited Liability Company is:

PRINCIPAL ADDRESS:

2505 NW 108th TERRACE SUNRISE, FL 33322

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

The Registered Agent designated is: DARIEL BUSTAMANTE

2505 NW 108th TERRACE SUNRISE, FL 33322

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.

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ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

TITLE: NAME AND ADDRESS

MGR DARIEL BUSTAMANTE 2505 NW 108th TERRACE

SUNRISE, FL 33322

DARIELBUSTAMANTE

Manager

02/07/2023

(In accordance with section 605.0201, Florida Statutes, The execution of this document constitutes an affirmation under The penalties of perjury that the facts stated herein are true)

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