

L23000115973

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 : SERVIGER CORPORATION
Account Number : 120160000091
Phone : (786)786-3487
Fax Number : (305)635-9368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jjserviger@yahoo.com

**FLORIDA LIMITED LIABILITY CO.
FRIENDS INSULATION LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

23 MAR 13 PM 12:35

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FRIENDS INSULATION, 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:10172 VICKERS RIDGE DR
ORLANDO, FL 32829Mailing Address:10172 VICKERS RIDGE DR
ORLANDO, FL 32829

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:

JOHN FREDDY AGUDELO HOYOS

Name

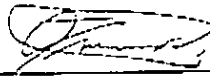
10172 VICKERS RIDGE DRFlorida street address (P.O. Box NOT acceptable)ORLANDOFL32829

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 505, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

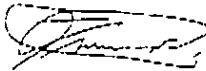
"MGR" = Manager

Name and Address:MGRJOHN FREDDY AGUDELO HOYOS
10172 VICKERS RIDGE DR
ORLANDO FL 32829MGRKEVIN DANIEL CAMILO CORONADO
2721 SWEET SPRINGS ST
DELTONA FL 32738MGRLUIS JOSHUE RIVERA NEGRON
630 GEORGETOWN DR
CASSELBERRY FL 32707

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/10/2023 (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.**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), 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.JOHN FREDDY AGUDELO HOYOS

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)

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TALLAHASSEE, FLORIDA

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