

L23000122586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

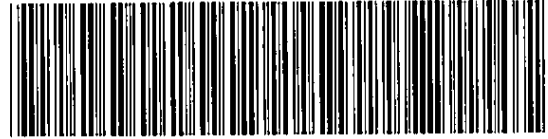
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** LJ REMODELING SERVICES LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADRIANA CHAMORRO

Name of Person

ACH SOLUTIONS LLC

Firm/Company

924 EAST SAMPLE RD

Address

POMPANO BEACH FL 33064

City/State and Zip Code

Adriana@achonlineforms.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adriana Chamorro

214

9180079

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount: Online Payment Document Number W23000028403

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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TALLAHASSEE, FL 32303

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LJ REMODELING SERVICES 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:**

9268 Palomino Drive  
Lake Worth FL 33467

**Mailing Address:**

9268 Palomino Dr  
Lake Worth FL 33467

**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:

EDUIN N VEGA CACERES

Name

9268 Palomino Drive

Florida street address (P.O. Box **NOT** acceptable)

Lake Worth

City

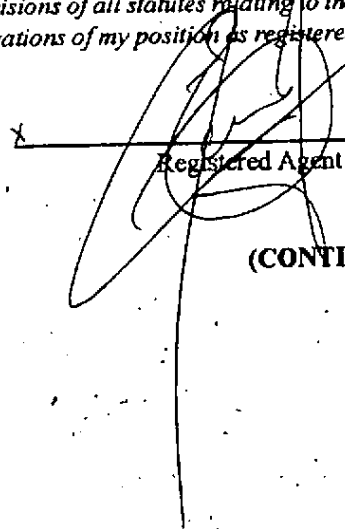
Florida

State

33467

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)

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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:**

AMBR

Eduin N Vega Caceres

9268 Palomino Dr

Lake Worth FL 33467

\_\_\_\_\_  
\_\_\_\_\_  
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 02/17/2023 (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.

Any Legal Purpose

**REQUIRED SIGNATURE:**

x

  
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.

Eduin N Vega Caceres

Typed or printed name of signee

**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 FL 32310

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# L23000122586

## AFFIDAVIT IN SUPPORT APPLICATION FOR FLORIDA LIMITED LIABILITY COMPANY

Document Number: W23000028403

I, Eduin N Vega Caceres, would like to release the name of the corporation L&J Remodeling Services INC that was dissolved on February 9, 2023. With this affidavit I am assuring the Division of Corporations that I do not plan to reinstate the closed company.

This release was made to use the same name in an LLC where I am the owner. The LLC was filed online on February 11, 2023 with document number W23000028403 and the name is LJ Remodeling Services LLC.

STATE OF FLORIDA

COUNTY OF PALM BEACH

Sworn to or affirmed and signed before me on 03/07/2022 by Eduin N Vega Caceres.

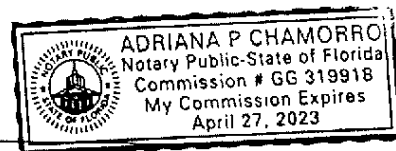
NOTARY PUBLIC or DEPUTY CLERK

Adriana P Chamorro

[Print, type, or stamp commissioned name of notary or deputy clerk]

☒ Personally known  
☐ Produced identification

Type of identification produced Passport



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