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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

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

Enail	Address:		

FLORIDA LIMITED LIABILITY CO. PEPILLO REMODELING LLC

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



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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A DOWN TO COUNTY A CO
ARTICLE I - Name:
The name of the Limited Liability Company is:
- The Limited Liability Company is:
PEPILLO REMODELÍNG LIC
TEPICID BEMMENTING
THE TOUT LING 110
ARTICLE II - Address:
The moilling Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
Company is:
, and of the Limited Liability
640 E 5351 HALEAH, FL. 33013.
- WIVE 5357 HOLTON TI
ARTICLE III - Registered Agent, Registered Office:
The Registered Agent, Registered Office.
The name and the Florida street address of the
The name and the Florida street address of the registered agent are: (The Limitia Liability with an active Florida registration)
Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
Sames engry
JOSBEL MASSAGUER NAVARINO
JUSBEL 14SSAGUEIZ NAVARIAN
640 E 53st HIALEAH. FL. 33013.
640 I 11.
TO 3357 HALFAU TI 32015
<u> </u>
ARTICLE IV
The name and title of
The name and the of each person authorized to manage and south life.
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
•
- JOSBEL MASSABUEB NAVORIZA (ANDO
JOSBEL MASSAGUER NAVARRO. (AMBR)
······································

Required Signatures:

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

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution ci this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

OSBEL MASSAGUER NAVARRO
Typed or printed name of signee

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 herely 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 agen; as provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)