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To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : CORPOLICENSE, INC Account Number : 120050000118 Phone : (305)774-9606 Fax Number : (305)774-9660 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address: Obcontractors @ 00 quail. com : FLORIDA LIMITED LIABILITY CO. TALLAHASSEE, P ;---**O.B. ROOFING CONTRACTORS, LLC** Certificate of Status 0 Certified Copy 0 Page Count 01공 Estimated Charge \$125.00 بې  $\sim$ 

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF O.B. ROOFING CONTRACTORS, LLC

#### ARTICLE I - NAME:

The name of the Limited Liability Company Is:

## **O.B. ROOFING CONTRACTORS, LLC**

#### **ARTICLE II - ADDRESS:**

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

PRINCIPAL ADDRESS:	65 NW 62 <sup>nd</sup> Avenue
	Miami, FL 33126

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

The Registered Agent designated is: LAZARO O. DELGADO

65 NW 62<sup>nd</sup> Avenue Miami, FL 33126

190

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 net 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: <u>NAME AND ADDRESS</u>

MGR

LAZARO O. DELGADO 65 NW 62<sup>nd</sup> Avenue Miami, FL 33126

LAZARØ O. DELGADO Manager



03/27/2023

(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)