

AA

L23000143405

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230001185463)))



H2300011854634BC/

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

## 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: Steven @ constructionvoss.com

FLORIDA LIMITED LIABILITY CO.  
VOSS IMPACT WINDOWS & DOORS, LLC

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

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

12:23 PM 12:51

FILED

H 23000 118546

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY  
OF  
VOSS IMPACT WINDOWS & DOORS, LLC**

**ARTICLE I - NAME:**

The name of the Limited Liability Company is:

**VOSS IMPACT WINDOWS & DOORS, LLC**

**ARTICLE II - ADDRESS:**

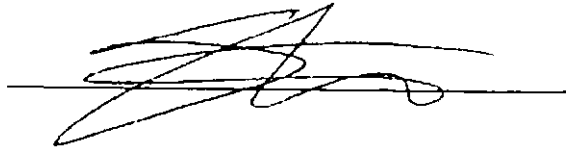
The mailing and principal address of the Limited Liability Company is:

**PRINCIPAL ADDRESS: 14728 SW 11<sup>th</sup> Street  
Pembroke Pines, FL 33027**

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

The Registered Agent designated is: **STEVEN ROSALES**

**14728 SW 11<sup>th</sup> Street  
Pembroke Pines, FL 33027**

A handwritten signature in black ink, appearing to read 'Steven Rosales', is written over a horizontal line.

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.

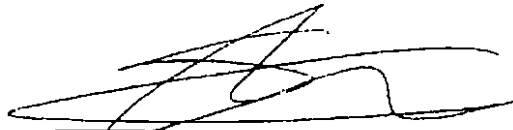
H 23000 118546

H 23000 118546

**ARTICLE IV - Management/Member(s):**

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

<b><u>TITLE:</u></b>	<b><u>NAME AND ADDRESS</u></b>
<b>MGR</b>	<b>STEVEN ROSALES</b> <b>14728 SW 11<sup>th</sup> Street</b> <b>Pembroke Pines, FL 33027</b>
<b>MGR</b>	<b>ALEX ROSALES</b> <b>14728 SW 11<sup>th</sup> Street</b> <b>Pembroke Pines, FL 33027</b>

  
**STEVEN ROSALES**  
**Manager**

**03/28/2023**

(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)

H 23000 118546