From: Yanet Avila

4/5/27, 3:13 PM

Elorida-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.

(((H23000128465 3)))



H230001284653ABC+

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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000145 Phone : (305)444-4994 Fax Number : (305)328-4774

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

Email Address:__

FLORIDA LIMITED LIABILITY CO. BOU SERVICES CONSTRUCTION LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLO	RIDA LIMITED LIABILITY COMPANY

ARTIGLE-I--Name:-

The name of the Limited Liability Company is:

BOU SERVICES CONSTRUCTION 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:

Mailing Address:

3755 NW 78th AVE DORAL, FL 33166

3885 NW 100 PL MEDLEY, FL 33178

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:

TARIK BOU EZEDIN MAURERA

Name

8885 NW 100 PL

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

A - 1 A 18 18 19 11

Zip

City State

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 appalament as registered agent and agree to not 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 file to Chapter 605, F.S. 11.35 St. 6. 11.15 C. 11.15

(CONTINUE

ARTICLE IV- The name and address of each person authority.	orized to manage and control the Isimited Etability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	TARIK BOU EZEDIN MAURERA 8885 NW 100TH PL MEDLEY, FL 33178
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
•	f filing: (OPTIONAL)
If an effective date is listed, the date must be spec ne date of filing.) Note: If the date inserted in this block does not me	ific and cannot be more than five business days prior to or 90 days after set the applicable statutory filing requirements, this date will not be listed as
he document's effective date on the Department of	•
he document's effective date on the Department of RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	

2023-04-05 19:33:55 GMT

13053284774

From: Yanet Avila

Filling Fees:
\$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

Page: 4 of 4

Ta:

\$ 5.00 Certificate of Status (Optional)