

# Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPOLICENSE, INC Account Number : I20050000118

Phone : (305)774-9606 Fax Number : (305)774-9660

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Email Address: Alex. martines

## FLORIDA LIMITED LIABILITY CO. MASTER STUCCO SERVICES, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF MASTER STUCCO SERVICES, LLC

#### **ARTICLE 1 - NAME:**

The name of the Limited Liability Company Is:

### MASTER STUCCO SERVICES, LLC

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

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

PRINCIPAL ADDRESS:

14265 SW 272 Street Homestead, FL 33032

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

The Registered Agent designated is: JOSE C. MARTINEZ

14265 SW 272 Street Homestead, FL 33032

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.

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

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

TITLE:

NAME AND ADDRESS

**MGR** 

ALEXIS A. MARTINEZ

14265 SW 272 Street Homestead, FL 33032

MGR

JOSE C. MARTINEZ 14265 SW 272 Street Homestead, FL 33032

Alexis A. Martinez

Manager

04/24/2023

2023 APR 24 AM II: 42 SECRETARY OF STATE

(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)