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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CORPOLICENSE, INC

Account Number : 120050000118
Phone : (305)774-9506
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: Franklin @ restoday. net

FLORIDA LIMITED LIABILITY CO. FRAVAZ CONTRACTORS, I.LC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF FRAVAZ CONTRACTORS, LLC

ARTICLE 1 - NAME:

The name of the Limited Liability Company Is:

FRAVAZ CONTRACTORS, LLC

ARTICLE II - ADDRESS:

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

PRINCIPAL ADDRESS:

375 SW Lake Forest Way Port St Lucie, FL 34986

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

The Registered Agent designated is: FRANKLIN VAZ HERNANDEZ

375 SW Lake Forest Way Port St Lucie, FL 34986

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

FRANKLIN VAZ HERNANDEZ

375 SW Lake Forest Way Port St Lucie, FL 34986

Franklin Vaz Hernandez

Månager

04/27/2023

(In accordance with section 605.0201, Florida Statutes, The execution of this document constitutes an affirmation under The penaltics of perjury that the facts stated herein are true)

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