

L23000246432

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.

((H23000173160 3))



H230001731603ABCX

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To: Division of Corporations
Fax Number : (850)617-6381

JP

From: Account Name : ATESIANO TAX SERVICES
Account Number : I20190000123
Phone : (305)928-1137
Fax Number : (786)349-4952

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

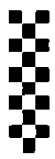
Email Address: info@atesiano-tax.com

**FLORIDA LIMITED LIABILITY CO.
MIA Windows and Doors LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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2023 MAY 18 PM 2:33
CORPORATIONS
COMMERCIAL
SERVICES

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2023 MAY 18 PM 2:18
STATE
TALLAHASSEE, FL



May 10, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ATESIANO TAX SERVICES

SUBJECT: MIA WINDOWS AND DOORS LLC
REF: W23000067748

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P18000019907.

If you have any further questions concerning your document, please call (850) 245-6052.

Rickey L Richardson
Regulatory Specialist II
New Filing Section

FAX Aud. #: H23000173160
Letter Number: 223A00010635

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

H 230001731603 -
W 23000067748

Windows and Doors MIA 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:

610 NW 23 PL
Miami FL 33125

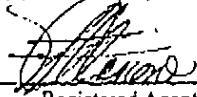
16715 S Dixie Hwy Ste 211
Miami FL 33157

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:

Alegano Tax Services
Name
15715 S Dixie Hwy Ste 211
Florida street address (P.O. Box NOT acceptable)
Miami FL 33157
City State Zip

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Pedro Hidalgo
15715 S Dixie Hwy Ste 211
Miami FL 33167

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

The purpose of the limited liability company is to engage in any lawful activity for which a limited liability company may be organized in this state.

REQUIRED SIGNATURE:

Pedro Hidalgo

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Pedro Hidalgo

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FL

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