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# Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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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 : (305)774-9660

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# FLORIDA LIMITED LIABILITY CO. USA INSTALLER, LLC

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

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF USA INSTALLER, LLC

#### **ARTICLE I - NAME:**

The name of the Limited Liability Company Is:

### USA INSTALLER, LLC

#### ARTICLE II - ADDRESS:

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

PRINCIPAL ADDRESS:

15552 75th Lane N

Loxahatchee, FL 33470

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

The Registered Agent designated is: ORELVIS GONZALEZ

15552 75th Lane N Loxahatchee, FL 33470

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. Thereby 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 ORELVIS GONZALEZ

15552 75<sup>th</sup> Lane N Loxahatchee, FL 33470

ORELVIS GONZALEZ

Manager

06/09/2023

2023 Jt: -9 PH 2: 07

(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)

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