

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

From: Account Name : MAD ACCOUNTING AND TAXES LLC
Account Number : I20210000151
Phone : (786)704-4244
Fax Number : (844)628-0563

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.
PREMIER HOME RENOVATIONS SERVICE LLC

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

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CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")*

PREMIER HOME RENOVATIONS SERVICE LLC

ARTICLE II - Address:

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

203 DERBY DOWNS PL
APT 303
BRANDON FLORIDA 33510

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

ESTEFANY IGLESIAS
203 DERBY DOWNS PL
APT 303
BRANDON FLORIDA 33510

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ARTICLE IV-

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

AMBR:ODN JAMES GRANT RODRIGUEZ
AMBR:ESTEFANY IGLESIAS

Required Signatures:

James Rodriguez

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.

ODN JAMES GRANT RODRIGUEZ

Typed or printed name of signee

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..

Estefany

Registered Agent's Signature (REQUIRED)

CLERK OF STATE
TALLAHASSEE, FL

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