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

From:  
Account Name : CORPOLICENSE, INC  
Account Number : I2005000118  
Phone : (305)774-9606  
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: Arg. Carrazana @ gmail.com

RECEIVED  
2023 JUN 19 PM 2:56  
CORPORATIONS  
COMMERCIAL  
SERVICES

**FLORIDA LIMITED LIABILITY CO.  
ARKOS ROOFING SOLUTIONS, 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  
ARKOS ROOFING SOLUTIONS, LLC**

**ARTICLE I - NAME:**

The name of the Limited Liability Company Is:

**ARKOS ROOFING SOLUTIONS, LLC**

**ARTICLE II - ADDRESS:**

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

**PRINCIPAL ADDRESS: 1181 NE 196<sup>th</sup> Street  
Miami, FL 33179**

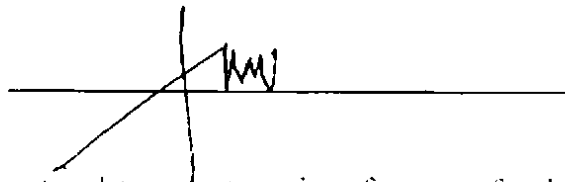
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**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The Registered Agent designated is: **LUIS E. CARRAZANA**

**1181 NE 196<sup>th</sup> Street  
Miami, FL 33179**



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:

<b><u>TITLE:</u></b>	<b><u>NAME AND ADDRESS</u></b>
<b>MGR</b>	<b>LUIS E. CARRAZANA</b> <b>1181 NE 196<sup>th</sup> Street</b> <b>Miami, FL 33179</b>

  
**LUIS E. CARRAZANA**  
**Manager**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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06/19/2023

(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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