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From:

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Account Number : I20200000059
Phone : (954)727-9771

Electronic Filing Menu

Fax Number : (954)727-9773

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Email Address: diona(a) lamodad (inoncial Com

# FLORIDA LIMITED LIABILITY CO. I THINK CONSTRUCTION LLC

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#### **COVER LETTER**

TO:	New Filing Section
	Division of Corporations

UTC

I THINK CONSTRUCTION LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **HECTOR MARTIN GARCIA** Name of Person I THINK CONSTRUCTION LLC Firm/Company 4130 SW 115TH AVE Address MIAMI, FL 33165 City/State and Zip Code hmgarcia.1986@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 2633055 **HECTOR MARTIN GARCIA** at ( Daytime Telephone Number Area Code Name of Person Enclosed is a check for the following amount: □\$160.00 Filing Fee, ☐\$155.00 Filing Fee & ■\$130.00 Filing Fee & □\$125.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy

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Mailing Address

**New Filing Section** Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

**New Filing Section Division** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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(CONTINUED)

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## < 4230002301163>

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	HECTOR MARTIN GARCIA
	MIAMI, FL 33182
	LLAHA
	A: 2
(Use attachment if necessary)	<b>京</b> 。
LE V: Effective date, if other than the	date of filing: 06/29/2023 (OPTIONAL)  e specific and cannot be more than five business days prior to or 90 da  not meet the applicable statutory filing requirements, this date will not be
Mactive date is listed, the date must be	e specific and cannot be more than five business days prior to or 90 da
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If the date inserted in this block does r	
cument's effective date on the Departm	ent of State's records.
CLE VI: Other provisions, if any.	

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.

HECTOR MARTIN GARCIA
Typed or printed name of signee

#### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)

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