

# H23000236936 3

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 : EXPERTAX  
Account Number : 120200000010  
Phone : (407)777-7470  
Fax Number : (321)206-9743

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

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CORPORATIONS  
COMMERCIAL  
SERVICES

**FLORIDA LIMITED LIABILITY CO.  
PLUS CONSTRUCTION CEO LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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STATE

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: PLUS CONSTRUCTION CEO LLC

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:

EMMANUEL CABRERA

Name of Person

Firm/Company

11461 SOLAYA WAY UNIT 403

Address

ORLANDO, FL 32821

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMMANUEL CABRERA

646

220-6216

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

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

SEAL OF THE 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:

PLUS CONSTRUCTION CEO 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:1287 WISPY CYPRESS DR  
KISSIMMEE, FL 34746Mailing Address:1287 WISPY CYPRESS DR  
KISSIMMEE, FL 34746

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

EMMANUEL CABRERA

Name

11461 SOLAYA WAY UNIT 403Florida street address (P.O. Box NOT acceptable)ORLANDO

City

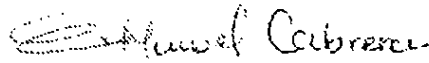
FLORIDA

State

32821

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)

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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:**MBR

EMMANUEL CARRERA  
 11461 SOLAYA WAY UNIT 403  
 ORLANDO, FL 32821

MBR

KIBERLYS G TORREALBA A  
 1287 WISPY CYPRESS DR  
 KISSIMMEE, FL 34746

MBR

ALEXANDER J MEHA BERRIOS  
 11491 SOLAYA WAY UNIT 311  
 ORLANDO, FL 32821

(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.

**REQUIRED SIGNATURE:**

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.

EMMANUEL CARRERA

Typed or printed name of signer

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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 SEC. OF STATE  
 TALLAHASSEE, FL

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