

Electronic Filing Cover Sheet

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(((H230002698473)))



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To:

Division of Corporations

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From:

Account Name : LATIN AMERICAN TAXPRO

Account Number : I20220000106

Phone : (407)318-0823

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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.

FENESTRA WINDOWS AND DOORS SERVICES LLC

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

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Corporate Filing Menu

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Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

#230002698473.

COVER LETTER

	ew Filing Sec ivision of Co			
		A WINDOWS AND DOOR	S SERVICES LLC	
SUBJECT		Name of Limi	ited Liability Company	
The enclos	sed Articles of	Organization and fee(s) are	submitted for filing.	
Please retu	ım all correspo	ondence concerning this mat	ter to the following:	
	MIGUEL, A	CEVEDO GATICA		
			Name of Person	
			Firm/Company	
	551 HUFFS	TETTER DR APT 1304		
			Address	
	EUSTIS, FL	ORIDA 32726		
	PLUSFINAN	Ci CESERVICESLLC@GMA	ty/State and Zip Code IL.COM	
		E-mail address: (to be used	for future annual report notificat	ion)
For further i	nformation co	neerning this matter, please	call:	
	MIGUEL, A	CEVEDO GATICA 35:		
	Nan		en Code Daytime Telephor	ne Number
Enclosed i	s a check for t	the following amount:		
□\$125.00) Filing Fee	■\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status (additional copy is challenged)
		ng Address	Street Address New Filing Section D	\s^\cdot\

#230002698473

The Centre of Tallahassee

Tailahassee, FL 32303

2415 N. Monroe Street, Suite 810

H230002698473

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

FENESTRA WINDOWS AND DOORS SERVICES 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:

Mailing Address:

551 HUFFSTETTER DR APT 1304
EUSTIS, FLORIDA 32726

551 HUFFSTETTER DR APT 1304
EUSTIS, FLORIDA 32726

ARTICLE III - Registered Agent, Registered Office, & 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:

MIGUEL, ACEVEDO GATICA

Name

551 HUFFSTETTER DR APT 1304

Florida street address (P.O. Box NOT acceptable)

EUSTIS FLORIDA 32726

City State 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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SECRETARY OF STAT

ARTICLE IV-

. . . .

\$ 5.00 Certificate of Status (Optional)

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The name and address of each person authorized to manage and control the Limited Linbility Company:

"MGR" = Ma	ithorized Member nager		
MGR		MIGUEL. ACEVEDO GATICA 551 HUFFSTETTER DR APT 1304 EUSTIS, FLORIDA 32726	
MGR		JOSE, ALVES RODRIGUEZ 551 HUFFSTETTER DR APT 1304 EUSTIS, FLORIDA 32726	
	_		
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EV: Effective date is of filing.) I the date inser	date, if other than the date	ecific and cannot be more than five business days prior neet the applicable statutory filing requirements, this date	. 10 OL 30 na/3 miter
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