

# L23000378335

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 : 120050000118  
Phone : (305)774-9666  
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: jl freezingmaster@gmail.com

## FLORIDA LIMITED LIABILITY CO. MASTER APPLIANCES SERVICES, 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  
MASTER APPLIANCES SERVICES, LLC**

**ARTICLE I - NAME:**

The name of the Limited Liability Company is:

**MASTER APPLIANCES SERVICES, LLC**

**ARTICLE II - ADDRESS:**

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

**PRINCIPAL ADDRESS: 4257 SW 5<sup>th</sup> Street  
Coral Gables, FL 33134**

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

The Registered Agent designated is: **JORGE LUIS MATOS**

**4257 SW 5<sup>th</sup> Street  
Coral Gables, FL 33134**



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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23 AUG 11 AM 9:05  
SECRET  
FALL ANNUAL MEETING

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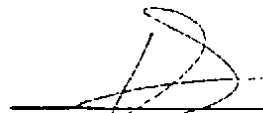
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**ARTICLE IV - Management/Member(s):**

The name and address of each Manager or Managing Member is as follows:

**TITLE:**                      **NAME AND ADDRESS**

**MGR**                      **JORGE LUIS MATOS**  
                              **4257 SW 5<sup>th</sup> Street**  
                              **Coral Gables, FL 33134**

  
\_\_\_\_\_  
**Jorge Luis Matos**  
**Manager Member**

23 AUG 11 AM 9:05  
SECRETARY OF THE  
FALLS COUNTY, FLORIDA

FILED

08/11/2023

(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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