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	w Filing Sec vision of Co			
SUBJECT:		ations and Improvements L	LC	
SUBJECT:	•	Name of Lin	nited Liability Company	
The enclose	d Articles of	Organization and fee(s) are	submitted for filing.	
Please retur	n all correspo	ondence concerning this ma	tter to the following:	
	Diego Roc	lriguez Leon		
			Name of Person	
	DL Renovat	ions and Improvements LL	c	
			Firm/Company	
	5928 Savan	nah Place Apt B		
			Address	.
	Orlando, Flo	orida 32807		
I	LEONDIEG	C DALEJO@GMAIL.COM	ity/State and Zip Code	
_	ı	E-mail address: (to be used	for future annual report notification	tion)
For further in	formation co	ncerning this matter, please	call:	
	Diego Rod	riguez Leon 40 at (
-	Nam	· · · · · · · · · · · · · · · · · · ·	rea Code Daytime Telephor	ne Number
Enclosed is	a check for t	he following amount:		
□S125.00	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)
	Mailin	g Address	Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liabil					
	I Improvements LLC train the words "Limited	Liability Company "	1 C "or" C")		
ARTICLE II - Address: The mailing address and street a					
Princij	gal Office Address:		Mailing Ad	ldress:	
5928 Sayannah Plac Orlando, Florida 32			Savannah Place Apt I ido, Florida 32807	3	
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an The name and the Florida street	y cannot serve as its own active Florida registration	Registered Agent. Yon.)			
	Diego Rodriguez I	•		2023 950 77	
	Diego Rodingdez I	Name		TREE .	
	5928 Savannah Place	· Ant B			
		s (P.O. Box <u>NOT</u> acc	ceptable)	S (S)	
	Orlando	Florida	32807		توسط
	City	State	Zip	ZBZ3 AUG 10 PM 3: 47 SECRETARY OF 5	مخلد 2
Having been named as registered place designated in this certificate further agree to comply with the pam familiar with and accept the o	e, I hereby accept the app provisions of all statutes r	ointment as registered elating to the proper d	l agent and agree to a ind complete perform	ability company at the act in this capacity. I ance of my duties, and I	
	Regist	ered Agent's Signatur	re (REQUIRED)	_	
		(CONTINUED)			

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Diego Rodriguez Leon 5928 Savannah Place Apt B
	Orlando, Florida 32807
	
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	7022
	HO P M
(Use attachment if necessary)	
DTICLEW DEscription days 25 where the days are	
If an effective date is listed, the date must be spec	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90 days after
ne date of filing.)	
<u>Note:</u> If the date inserted in this block does not me he document's effective date on the Department of	et the applicable statutory filing requirements, this date will not be listed as State's records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	WWW.
Signature of a mem	ther or an authorized representative of a member.
I am aware that any false in	d in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State Felony as provided for in s.817.155, F.S.
<u> Diego Rodriguez</u>	Leon
	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)

\$ 5.00 Certificate of Status (Optional)