L23000417458

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 : THREE K FAST CARRIER SERVICES INC
Account Number : 120180000033
Phone : (305)885-3516
Fax Number : (305)887-5844

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

Email Address: roofing.contractor.b@gmail.com

FLORIDA LIMITED LIABILITY CO.

ECG & REMODELING LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$125.00

RECEIVED 2023 SEP -8 PM 4:17

FILED 2023 SEP -8 PM 1:05

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Dec. 6. 2023 3:28PM

H23000603383

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ECG & REMODELING 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:

First Name: EMILY (2) LAST NAMES: CHAVEZ GUTIERREZ
Name of Person

ECG & REMODELING LLC
Firm/Company

1302 NE 2ND PL
Address

CAPE CORAL , FL 33909
City/State and Zip Code

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

For further information concerning this matter, please call:

Emily Chavez Gutierrez at (832) 361-1767
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

Sep. 8. 2023 3:21PM

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

ECO & REMODELING 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:
1302 NE 2ND PL	1302 NE 2ND PL
CAPE CORAL, FL 33909	CAPE CORAL, FL 33909

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:

DELMY S. GUTIERREZ SANCHEZ
Name

1302 NE 2ND PL
Florida street address (P.O. Box NOT acceptable)

CAPE CORAL FL 33909
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..

Delmy Gutierrez
Registered Agent's Signature (REQUIRED)

FILED
2023 SEP -8 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(CONTINUED)

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

Title:	Name and Address:
"AMBR" Authorized Member "MGR" Manager	
AMBR	EMILY CHAVEZ GUTIERREZ 1302 NE 2ND PL CAPE CORAL, FL 33909
MGR	DELMY GUTIERREZ SANCHEZ 1302 NE 2ND PL CAPE CORAL, FL 33909

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09-08-2023 (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.
ANY AND ALL LAWFUL BUSINESS

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.

EMILY CHAVEZ GUTIERREZ
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)