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To:		
	Division of Co	
	-Fax Number	: (859)617-6381
From:		
	Account Name	: VORAUS 5&0 LLC
	Account Number	: 120220000166
	Phone	: (321)732-2022
	Fax Number	: (407)577-3447

## FLORIDA LIMITED LIABILITY CO. STORMTECH RESTORATION USA'LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

·Corporate Filing Menu

## COVER LETTER

TO:	New Filing Section Division of Corporations	
SUBJEC	Stormtech Restoration USA, ELC	
BUBLE	Name of Limited Liability Company	
The encl	osed Articles of Organization and fee(s) are submitted for filling.	
Please re	eturn all correspondence concerning this matter to the following:	
	Jose Quevedo	
	Name of Person	
	Firm/Cempany	
	9900 West Sample Rd, Suite 300	
	Address	
	Coral Springs, FL 33065	
	City/State and Zip Code office@stormtech-usa.com	
	E-mail address: (to be used for future annual report notification)	
For further	r information concerning this matter, please call:	
	Elsy C Olivur 321 7322022 at (	
	Name of Person Area Code Daytime Telephone Number	
Enclosed	l is a check for the following amount:	
□S125.	00 Filing Fee \$\Bigsquare S130.00 Filing Fee & D\$155.00 Filing Fee & D\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	9
	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  70  Tallahassee, FL 32314	(

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	storation USA, LLC			
(M	ust contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address The mailing address and	: street address of the principal o	ffice of the Limited	Liability Company is:	
<u> 1</u>	rincipal Office Address:		Mailing Address:	
9900 West Sa Coral Springs	rmpie Rd. Suite 300 , FL 33085	SAN	1E	
(The Limited Liability Co another business entity w	oith an active Florida registration is street address of the registered	Registered Agent. \n.) agent are:	it's Signature: r'ou must designate an individual	or
	VORAUS S&O LLC	Name	· · · · · · · · · · · · · · · · · · ·	
٠.		.vaiue		
	994 E OSCEOLA PK	<del></del>		
·	Florida street address	s (P.O. Box <u>NOT</u> ac	ceptable)	
	KISSIMMEE	FL	34744	
	City	State	Zip	
laving been named as regi	tificate, I hereby accept the appo	ointinent as registere lating to the proper	above stated limited liability comp d agent and agree to act in this co and complete performance of my is provided for in Chapter 605, F.	ipacity. I duties, and i

2023 AUG 15 AM 8: 19

Title:		Same and Address:		
"AMBR" ≈ Ai	thorized Member	,	•	
"MGR" ≈ Mar	ager			
AMBR		JOSE QUEVEDO		
i tivitory		9900 West Samole Rd. Suite 300		-
		Coral Springs, FL 33065		•
		<u> </u>		•
1.100		MONTH MILE AND THE PARTY.		
AMBR		JONATHAN ORJUELA 9900 West Sample Rd. Suite 300		
		Coral Springs, FL 33065		
	•	Constitutes FO 33007		•
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