Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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OED	BJ: 11:38	Note: DO NO	OT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.
2023 400	8- 40m	To:	Division of Corporations Fax Number : (850)617-6381
202	301	From:	

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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.

Constructiony.m,g LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

11/9/23 11/9/23

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Constructiony.m,g LLC	

To: 18506176381

(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 Offic	e Address:	Mailing Address:		
6445 Cypressdale		6445 Cypressdale		
Unit 101		Unit 101		
Riverview	FL 33578	Riverview	FL 33578	

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.)

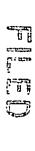
The name and the Florida street address of the registered agent are:

	Name	
7901 4th St N		STE 300
Florida street addre	ss (P.O. Box N	OT acceptable)
St. Petersburg	FL	33702
City	State	Z

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.,

> David & Likeria Registered Agent's Signature (REQUIRED)

> > (CONTINUED)



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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	Mercado galvan, Yubardo Jose
	6445 Cypressdale Unit101
	Riverview FL 33578
AMBR	Vega diaz, ErikaTatiana
	6445 Cypressdale Unit101
	Riverview , FL 33578
(Use attachment if necessary)	
(Ose attachment in the essary)	
ARTICLE V. Effective date, it other than the di-	ate of filing: (OPTIONAL)
(If an affactive data is listed, the data rivet ha	specific and cannot be more than five business days prior to or 90 days after
	specific and cannot be more than five business trays prior to or 90 days after
the date of filing.)	st many the continued a state on 15th a manifestation while the continue to the state of
	of meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departme	nt of Stale's records.
ARTICLE VI: Other provisions, if any.	
ARTICLE VI. Other provisions, if any.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	$\sim \kappa / \sim \epsilon$
	Redien francy
Signaturanta	member or an authorized representative of a member.
	cuted in accordance with section 605.0203 (1) (b). Florida Statutes.
	elicular decordance with section (0.05.0205 (1) (b), 1 formation submitted in a document to the Department of State
	ree felony as provided for in \$.817.155, F.S.
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Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Robin Jones

SECRETARY CLASSIA

