L24000179275

(Requestor's Name)
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04/10/24--01015--008 **125.00

SECRETAL OF STATE

T.J.H 4/20/24

COVER LETTER

	egistration Section ivision of Corporations
SUBJECT	708 EXTERIORS WALLS LLC.,
SOBJECT	:
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	JEFFREY ROSA CASTILLO
	Name of Person
	708 EXTERIORS WALLS LLC
	Firm/Company
	3026 PIGEON HAWK CT
	Address
	ORLANDO, FLORIDA 32829
J	City/State and Zip Code IEFF_ WINDOW@HOTMAIL.COM
F C	E-mail address: (to be used for future annual report notification)
	Information concerning this matter, please call: JEFFREY ROSA CASTILLO 407 340-8176
	JEFFREY ROSA CASTILLO 407 340-8176at ()Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fi	ling Fee S130.00 Filing Fee & S160.00 Filing Fee. Certificate of Status (additional copy is enclosed) S160.00 Filing Fee. Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Ciffon Building Tallahassee, FL 32301 Ciffon Building Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

708 EXTERIORS WALLS LLC., (Must end with the words "Limited Liab	pility Company. "L.L.C" or "LLC.")
II - Address:	
address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8026 PIGEON HAWK CT	3026 PIGEON HAWK CT
DRLANDO, FL 32829	ORLANDO, FL 32829
RLANDO, FL 32829	ORLANDO, FL 32829

JEFFREY ROSA CASTILLO

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

Name

3026 PIGEON HAWK CT

Florida street address (P.O. Box NOT acceptable)

ORLANDO FLORIDA 32829
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

	Title: "AMBR" = Authorized Member	Name and Address:
	"MGR" = Manager MGR	JEFFREY ROSA CASTILLO
		3026 PIGEON HAWK CT
		ORLANDO, FL 32829
		
	(Use attachment if necessary)	
ARTIC	CLEV: Effective date, if other than t	e date of tiling: 04/05/2024 (OPTIONAL)
If an e	effective date is listed, the date mus	be specific and cannot be more than five business days prior to or 90 days after
	e of filing.)	
		not meet the applicable statutory filing requirements, this date will not be listed as
the do	cument's effective date on the Depa	ment of State's records.
	CLE VI: Other provisions, if any.	
TUD Y		
	REQUIRED SIGNATURE:	· · · · · · · · · · · · · · · · · · ·
	AEVAIRED SIGNATURE.	M
	Signature	a member or an authorized representative of a member.
		(00,000,000,000,000,000,000,000,000,000

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any fatse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

JEFFREY ROSA CASTILLO

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)