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To:

Division of Corporations

Fax Number

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
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Fax Number

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FLORIDA LIMITED LIABILITY CO. MRC MANAGENENT REMODELING LLC

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2024 APR 30 PM 5: 02

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:	
The name of the Limited Liability (1
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ARTICLE II - Address:	ACAUDELING //
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6 0 4	ess of the principal office of the Limited Liability
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- OOO MAINES	OR # 210
	(E. J.) 183
ARTICLE III - Registered	
ARTICLE III - Registered Agent, Regi	Stered Office:
Company correct address	PSS of the man's and
with an active Florid	stered Office: ess of the registered agent are: (The Limited Liability u must designate an individual or another business arein)
active Florida registration.)	ess of the registered agent are: (The Limited Liability u must designate an individual or another business entity
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MILLS DR	# 214
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	#218 MIAMI FL. 33183
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(MGR of AMBR)	orized to manage and control the Limited
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Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.B.

MALTIN A. PAIM RLL

Typed or printed name of signee

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)

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