

L24000 251 393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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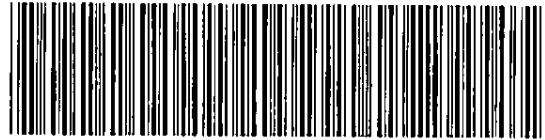
(Business Entity Name)

(Document Number)

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JACKSONVILLE, FLORIDA
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Advanced Incorporating Service

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: wlopez@aisincfl.com
Website: www.aisincfl.com

NAME OF ENTITY ACG South Florida Roofing LLC	FOR OFFICE USE ONLY

PICK ONE:

____ CERTIFIED COPY XX PHOTOCOPY ____ C.U.S.

FILING:

____ CORPORATION XX LLC ____ LIMITED PARTNERSHIP ____ GENERAL PARTNERSHIP
____ FICTITIOUS NAME ____ SERVICE MARK/TRADEMARK ____ AMENDMENT
____ FOREIGN QUALIFICATION ____ JUDGMENT LIEN
____ OTHER _____

RETRIEVAL:

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APOSTILLE/NOTARY CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 6/6/24 TIME _____

Notes: _____

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TALLAHASSEE, FL
CLERK OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ACG SOUTH FLORIDA ROOFING LLC, A FLORIDA LIMITED LIABILITY COMPANY

(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:

4720 OAKES ROAD, SUITE D
DAVIE, FL 33314

4720 OAKES ROAD, SUITE D
DAVIE, FL 33314

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:

RAMI ZVIDA

Name

4720 OAKES ROAD, SUITE D

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

DAVIE

FL

33314

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.

/s/ Rami Zvida

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DAVIE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

RAMI ZVIDA
4720 OAKES ROAD, SUITE D
DAVIE, FL 33314

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

REQUIRED SIGNATURE:

/s/ Rami Zvida

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.

RAMI ZVIDA

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)

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2024 JUL 1 - 6 PM 0:47
STATE