To: Division of Compration

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H24000204173 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

from:

Account Name : DAOA ACCOUNTING SERVICES INC

Account Number : 120230000047 Phone : (954)842-1621 Fax Number : (305)675-3999

Email Address:___

FLORIDA LIMITED LIABILITY CO.

Zuniga Flooring Installation LLC

Certificate of Status	ACCIONATION OF A CONTROL OF A CONTROL OF THE CONTROL OF T
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help

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From: Jenny Couso

(#240002041733)

COVER LETTER

TO:	New Filing Section Division of Corporations
SUBJE	CT: Zuniga Elcoring Installation LLC Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	JULIO CESAR ZUNIGA PACHECO
	Name of Person
	Zuniga Flooring Installation LLC
	Firm/Company
	2536 Pierce Street
	Address
	Hollywood, FL 33020
	City/State and Zip Code
	zunigaflooringinstallation@gmail.com
	E-mail address; (to be used for future annual report notification)
For fun	her information concerning this matter, please call.
16	II IO CESAR ZUNIGA PACHECO - 21 (95.1) 709.5845

Area Code

Name of Person

(#240002041733)

Daytime Telephone Number

From: Jenny Couso

(4240002041733)

Zuniga Flooring Installation LLC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Zuniga Flooring Installation LLC	
(Must contain the words "Lim	nited Liability," "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principa	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Zuniga Flooring Installation LLC	Zuniga Flooring Installation LLC
2536 Pierce Street	2536 Pierce Street
Hollywood, FL 33020	Hollywood, FL 33020
ARTICLE III - Registered Agent, Registered Office, 8	•
	m Registered Agent. You must designate an individual or
another business entity with an active Florida registrati	tion.)
The name and the Flonda street address of the registe	ered agent are:
	•
JULIO CESAR ZUNIGA PACH	•
JULIO CESAR ZUNIGA PACH	HECO
JULIO CESAR ZUNIGA PACH N 2536 Pierce Street	HECO Name
JULIO CESAR ZUNIGA PACH N	HECO Name
JULIO CESAR ZUNIGA PACH N 2536 Pierce Street Florida street address (P.O. B . Hollywood	HECO Name
JULIO CESAR ZUNIGA PACH N 2536 Pierce Street Florida street address (P.O. B	HECO Name Box <u>NOT</u> acceptable)
JULIO CESAR ZUNIGA PACH N 2536 Pierce Street Florida street address (P.O. B Hollywood City Having been named as registered agent and to accept sen place designated in this certificate, I hereby accept the app further agree to comply with the provisions of all statutes re	HECO Name Box NOT acceptable) FL 33020 State Zip vice of process for the above stated limited liability company at the cointment as registered agent and agree to act in this capacity. I eletting to the proper and complete performance of my duties, and
JULIO CESAR ZUNIGA PACH N 2536 Pierce Street Florida street address (P.O. B Hollywood City Having been named as registered agent and to accept sen place designated in this certificate, I hereby accept the app further agree to comply with the provisions of all statutes re	HECO Name Box NOT acceptable) FL 33020 State Zip vice of process for the above stated limited liability company at the cointment as registered agent and agree to act in this capacity. I eletting to the proper and complete performance of my duties, and
2536 Pierce Street Florida street address (P.O. B Hollywood City Having been named as registered agent and to accept semplace designated in this certificate, I hereby accept the applications of all statutes ream familiar with and accept the obligations of my position at	HECO Name Box NOT acceptable) FL 33020 State Zip vice of process for the above stated limited liability company at the cointment as registered agent and agree to act in this capacity. I eletting to the proper and complete performance of my duties, and
JULIO CESAR ZUNIGA PACH N 2536 Pierce Street Florida street address (P.O. B Hollywood City Having been named as registered agent and to accept semplace designated in this certificate, I hereby accept the applications of all statutes ream familiar with and accept the obligations of my position at	HECO Name Box NOT acceptable) FL 33020 State Zip vice of process for the above stated limited liability company at the cointment as registered agent and agree to act in this capacity. I elating to the proper and complete performance of my duties, and as registered agent as provided for in Chapter 805, F.S

(H240002041733)

	1 # 24000204123
Zuniga Flooring Installation LLC	(H24000204173
ARTICLE IV-	
The name and address of each person au	athorized to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	JULIO CESAR ZUNIGA PACHECO
	2536 Pierce Street
	Hollywood, FL 33020
	:
	1
	~,1
(Use attachment if necessary)	
RTICLE V: Effective date if other than the date of	filing (OPTIONAL)
an effective date is listed, the date must be sp	ecific and cannot be more than five business days prior to or 90 days
er the date of filing.)	
te: If the date inserted in this block does not me	et the applicable statutory filing requirements, this date will not be listed as
document's effective date on the Department of	State's records.
RTICLE VI: Other provisions, if any.	
THOLE TO CHIEF PROVISIONS, II any.	
DEALIBEA CIONATURE.	
REQUIRED SIGNATURE:	
Soluted	
Signature of a m	ember or an authorized representative of a member.
This document is executed in acc	cordance with section 605.0203 (1) (b), Florida Statutes.
i am aware that any faise informa	ation submitted in a document to the Department of State
consulutes a inito degree teiony	as provided for in s.817.155, F.S.
JULIO CESAR ZUN	IIGA PACHECO
	Tuned or printed name of signer

11.