

L24000302476
 Florida Department of State
 Division of Corporations
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((H240002339303)))



H240002339303ABC-

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To: Division of Corporations
 Fax Number : (850)617-6381

From: Account Name : CESPEDES CPA, INC
 Account Number : I20220000109
 Phone : (786)452-4615
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: manoloian2004@yahoo.com

**FLORIDA LIMITED LIABILITY CO.
 STUDDER CONSTRUCTION SERVICES LLC**

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

T.J.H.

7/11/24

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2024 JUL 11 PM 11:09
 2024 JUL 10 PM 1:19
 FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 COMMERCIAL SERVICES

(((H24000233930 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is

STUDDER CONSTRUCTION SERVICES LLC

(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:

12500 SW 51ST ST
MIAMI, FL 33175

Mailing Address:

12500 SW 51ST ST
MIAMI, FL 33175

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:

SARDINAS, HERNEN

Name

12500 SW 51ST ST

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

MIAMI

FL


33175

City

Zip

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

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.


Reg. No. 8447733487 (06/10/2024 09:27 AM)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

(((H24000233930 3)))

ARTICLE IV:

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

SARDINAS, HERNEN

12500 SW 51ST ST

MIAMI FL 33175


(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:

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.

SARDINAS, HERNEN

Typed or printed name of signee

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PROPERTY OF FLORIDA DEPARTMENT OF STATE

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FAX COVER SHEET

TO	Sunbiz
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