

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**624000310799**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) in the top and bottom of the pages of the document.

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## To:

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

## From:

Account Name : EXPERTAX FINANCIAL  
Account Number : I20240000089  
Phone : (904)559-6726  
Fax Number : (904)265-6195

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

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RECEIVED

**FLORIDA LIMITED LIABILITY CO.  
NELSON DRYWALL CONSTRUCTION LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 01       |
| Estimated Charge      | \$130.00 |

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** NELSON DRYWALL CONSTRUCTION LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BLANCA LIDIA BONILLA OSTORGA

Name of Person

Firm/Company

2216 SPRING PARK RD APT 12

Address

JACKSONVILLE FLOIRDA 32207

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BLANCA LIDIA BONILLA OSI 678 907-2910  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    
 ☒ \$130.00 Filing Fee & Certificate of Status    
 ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    
 ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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SECRETARY OF STATE  
TALLAHASSEE, FL

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

NELSON DRYWALL CONSTRUCTION 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:2216 SPRING PARK RD APT 12  
JACKSONVILLE FL 32207Mailing Address:2216 SPRING PARK RD APT 12  
JACKSPNVILLE FL 32207**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:

BLANCA LIDIA BONILLA OSTORGA

Name

2216 SPRING PARK RD APT 12Florida street address (P.O. Box **NOT** acceptable)

|                     |                |              |
|---------------------|----------------|--------------|
| <u>JACKSONVILLE</u> | <u>FLORIDA</u> | <u>32207</u> |
| 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.

Blanca L Bonilla Ostorger  
Registered Agent's Signature (REQUIRED)

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**ARTICLE IV-**

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

**Title:****Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGRBLANCA LIDIA BONILLA OSTORGA2216 SORING PARK RD APT 12JACKSONVILLE, FL 32207

(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:**Blanca L Bonilla Ostorga

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.

BLANCA LIDIA BONILLA OSTORGA

Typed or printed name of signer

**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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DEPARTMENT OF STATE  
TALLAHASSEE, FL

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