

H240002411733

16/7/24, 1:49 p.m.

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (561)617-6381

From:

Account Name : LATIN AMERICAN TAXPRO
Account Number : I20220000106
Phone : (407)318-0823
Fax Number : (561)467-5851

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
REMODELING, PAINT & MORE LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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Corporate Filing Menu

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DIVISION OF CORPORATIONS
2024 JUL 16 PM 4:17

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: REMODELING PAINT & MORE LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALFREDO JOSE, CASTANO ORTEGA

Name of Person

Firm/Company

1658 SKY LAKES DR

Address

SAINT CLOUD, FLORIDA, 34769

City/State and Zip Code

CONTABILIDAD@DGMNOW.COM

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

For further information concerning this matter, please call:

ALFREDO JOSE, CASTANO

407

552 9294

at ()

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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

REMODELING PAINT & MORE 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:1658 SKY LAKES DR
SAINT CLOUD FLORIDA 34769Mailing Address:1658 SKY LAKES DR
SAINT CLOUD FLORIDA 34769

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:

ALFREDO JOSE, CASTANO ORTEGA

Name

1658 SKY LAKES DRFlorida street address (P.O. Box NOT acceptable)SAINT CLOUD FLORIDA 34769

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

ALFREDO JOSE CASTANO ORTEGA

1658 SKY LAKES DR

SAINT CLOUD FLORIDA 34769

MGR

JEANETTE LUCIA CASTANO VALLECILLO

1658 SKY LAKES DR

SAINT CLOUD FLORIDA 34769

(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:

AC

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.

ALFREDO JOSE, CASTAÑO ORTEGA

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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