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(1	Requestor's Name)
	Address)
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((City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
<u> </u>	Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions to F	iling Officer:

Office Use Only



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COVER LETTER

TO: New Filing Sec Division of Co			
		nd Ronovation ited Liability Company	110.
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
Bren	+ Romeo +	ernandez Name of Person	
Eagle	Drywall an	d Renovation Firm/Company	116.
893	Burntleat	Ln Address	
	assee, Flor Ci ywallandrenova: E-mail address: (to be used	1da - 32310 ty/State and Zip Code Fion II (Ogmail - Cor for future annual report notificat	<u>∽</u>
	oncerning this matter, please		
Brent Nan	Romeo Hemand at (8)	(50) <u>210 - 685</u> ea Code Daytime Telephon	-6 ne Number
Enclosed is a check for t	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)
Mailin	ng Address	Street Address	

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Eagle Dywall and Renovation L.L.C. (Must contain the words "Limited Liability Company, "L.L.C.," or "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: Mailing Address:

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:

Bren	+ Zo	meo	Her	nander.	
		Name			
893	Burn	Heat	In		
Florida st	reet address	(P.O. Box	NOT acce	ptable)	
Tallaha	45500	Flow	da	32310	<u>)</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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR.	Brent Romeo Hermandez.
	893 Burntleaf Inj Tallahasse; Florida - 32310
	
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the da an effective date is listed, the date must be s date of filing.) ote: If the date inserted in this block does not	ate of filing: 08/21/2024 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days aft t meet the applicable statutory filing requirements, this date will not be listent of State's records.
RTICLE V: Effective date, if other than the da an effective date is listed, the date must be see date of filing.)	specific and cannot be more than five business days prior to or 90 days aft t meet the applicable statutory filing requirements, this date will not be liste
ATICLE V: Effective date, if other than the date an effective date is listed, the date must be seed that of filing.) ote: If the date inserted in this block does not be document's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days aft t meet the applicable statutory filing requirements, this date will not be liste
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RTICLE V: Effective date, if other than the date an effective date is listed, the date must be set date of filing.) ote: If the date inserted in this block does not be document's effective date on the Department at CTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a man This document is exect I am aware that any fall constitutes a third degree.	specific and cannot be more than five business days prior to or 90 days aft t meet the applicable statutory filing requirements, this date will not be liste

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)