Florida Department of State

L24000450942

Division of Corporations
Electronic Filing Cover Sheet

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

From:
  Account Name   : HUBCO
  Account Number : 104662003400
  Phone   : (516)813-1184
  Fax Number   : (516)935-3088

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

Email Address: hardymetalfabrications@gmail.com

RECEIVED 2024 OCT 24 AM 8:25 SECRETARY OF STATE TALLAHASSEE, FL

FILED 24 OCT 24 PM 9:00 SECRETARY OF STATE DIVISION OF CORPORATIONS

FLORIDA LIMITED LIABILITY CO.

Hardy Mechanical LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	$130.00

H24000354603

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Hardy Mechanical LLC

(Must end with 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:**

4865 Cypress Woods Dr #2309   4865 Cypress Woods Dr #2309
Orlando, FL 32811   Orlando, FL 32811

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:
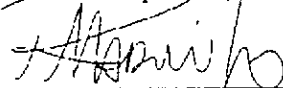
Renan Marinho
_____
                    Name

4865 Cypress Woods Dr #2309
_____
Florida street address (P.O. Box **NOT** acceptable)

Orlando   FL   32811
_____
        City   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)
Renan Marinho

(CONTINUED)

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ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability   Company:
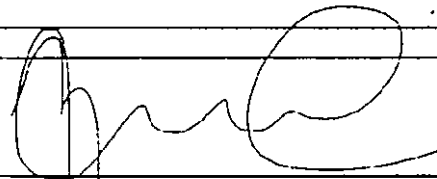
Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Nathalia Teixeira
	1941 Wantagh Avenue, Ste 204
	Wantagh, NY 11793
AMBR	Gilson J Teixeira Jr
	1941 Wantagh Avenue, Ste 204
	Wantagh, NY 11793
AMBR	Renan Marinho
	4865 Cypress Woods Dr #2309
	Orlando, FL 32811

(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.)

ARTICLE VI: Other provisions, if any.

_____

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.
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.)

Nathalia Teixeira
Typed or printed name of signee

24 OCT 24 PM 9:01

FILED SECRETARY OF STATE

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