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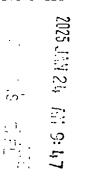
| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
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## COVER LETTER

|                   | New Filing Section<br>Division of Corporations       |   |  |
|-------------------|--|---|--|
| SUBJECT           | True North Home Repairs LL                           | С   |  |
| Sobarc            |  | e of Limited Liability Company                                      | <del></del>  |
| The enclos        | sed Articles of Organization and f                   | ec(s) are submitted for filing.                                     |  |
| Please retu       | urn all correspondence concerning                    | this matter to the following:                                       |  |
|                   | Janna Mateo, Esq.                                    |   |  |
|                   |  | Name of Person  | 2025   |
|                   | Ainsworth & Clancy, PLLC                             |   | 1.5 NY 12 NY 1820  |
|                   |  | Firm/Company  | 24<br>s  |
|                   | 1826 Ponce de Leon Blvd.                             |   |  |
|                   |  | Address   | · •  |
|                   | Coral Gables, FL 33134                               |   | 47   |
|                   |  | City/State and Zip Code   |  |
|                   | info@business-esq.com                                |   | <del></del>  |
|                   |  | be used for future annual report notification)                      |  |
| or further i      | information concerning this matte                    | r. please call:   |  |
|                   | Janna Mateo  | 305 600-3816<br>_at ()  |  |
|                   | Name of Person                                       | Area Code Daytime Telephone Number                                  |  |
| Enclosed i        | is a check for the following amour                   | ut:   |  |
| <b>≘</b> \$125.00 | D Filing Fee ☐ \$130,00 Filing<br>Certificate of Sta | atus Certified Copy Certif<br>(additional copy is enclosed) Certifi | 0.00 Filing Fee, ficate of Status & led Copy nal copy is enclosed) |
|                   | Mailing Address                                      | Street Address  |  |
|                   | New Filing Section Division of Corporations          | New Filing Section Division<br>The Centre of Tallahassee            |  |
|                   | P.O. Box 6327  | 2415 N. Monroe Street, Suite 8                                      | 10   |
|                   | Tallahassee, FL 32314                                | Taliahassee FL 32303  |  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:<br>The name of the Limited Liability   | Company is:                                |                   |  |                      |             |  |
|--|--|-------------------|--|----------------------|-------------|--|
| True North Home Rep<br>(Must conta   |  | Liability Comp    | any, "L.L.C.," or "LLC                       | C.")                 |             |  |
| ARTICLE II - Address:<br>The mailing address and street address  | dress of the principal                     | office of the Lir | nited Liability Compar                       | ny is:               | 2           |  |
| <u>Principa</u>  | Office Address:                            |                   | Mailin                                       | i <u>g Address</u> : | 025         |  |
| 1826 Ponce de Leon F<br>Coral Gables, FL 331   |  | ··· <del>·</del>  | 1826 Ponce de Leon I<br>Coral Gables, FL 331 | <del></del>          | 2025 JAN 24 |  |
| ARTICLE III - Registered Ager<br>(The Limited Liability Company of<br>another business entity with an ac | annot serve as its ow                      | n Registered Ag   |  | te an individual or  | /H 9:47     |  |
| The name and the Florida street ac   | ddress of the registere                    | d agent are:      |  | (:                   | 7           |  |
|  | Ainsworth & Clanc                          | y, PLLC<br>Name   |  | <del></del>          |             |  |
|  | 1826 Ponce de Leor<br>Florida street addre |                   | OT acceptable)                               |                      |             |  |
|  | Coral Gables                               | FL.               | 33134  |                      |             |  |

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..

State

Zip

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

## ARTICLE IV-

 $\bullet = \{s_i, s_i\}^{(i)} \in \mathfrak{g}$ 

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

| "AMBR" = Authorized Member "MGR" = Manager   |   |
|--|---|
| MGR  | Alexander Vasquez<br>1826 Ponce de Leon Blvd,<br>Coral Gables, FL 33134   |
|  |   |
|  | ;;;<br>;;;  |
|  |   |
|  |   |
|  |   |
| •  |   |
| E V: Effective date, if other than the datective date is listed, the date must be sof filling.)  the date inserted in this block does not ment's effective date on the Department.   | ate of tiling: (OPTIONAL) specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will no nt of State's records. |
| ective date is listed, the date must be so of filling.) I the date inserted in this block does no ment's effective date on the Department.   | specific and cannot be more than five business days prior to or 90 structure the applicable statutory filing requirements, this date will no  |
| EV: Effective date, if other than the date cetive date is listed, the date must be so of filling.)  I the date inserted in this block does no ment's effective date on the Department.   | specific and cannot be more than five business days prior to or 90 structure the applicable statutory filing requirements, this date will no  |
| LE V: Effective date, if other than the da Tective date is listed, the date must be s of filing.) If the date inserted in this block does no ument's effective date on the Department LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a r This document is exect I am aware that any fal | specific and cannot be more than five business days prior to or 90 structure the applicable statutory filing requirements, this date will no  |

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)