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COVER LETTER

TO:	New Filing Se Division of Co				
CHDIC		RENOVATIONS LLC			
SUBJE	LI:	Name of Lin	nited Liability Company		
The enc	losed Articles of	f Organization and fee(s) are	e submitted for filing.		
Please re	eturn all corresp	ondence concerning this ma	itter to the following:		
	YUMAIKE	L PEDROSO RAMIREZ			
			Name of Person		
	STORMI R	ENOVATIONS LLC			2025
			Firm/Company	- <u>- 1</u>	2025 KAR 26
	5260 SW 1	58TH AVE		APASCE	-
			Address		-26
	MIAMI, FL	. 33185		1). (-) <u>(-)</u>	9:47
	ECADADAI		ity/State and Zip Code		_
		LO@UNIVERSAL7SERV E-mail address: (to be used	for future annual report notificat	ion)	_
For furthe		oncerning this matter, please	·	,	
		L PEDROSO RAMIR 78	36 710-3054		
	Nan		rea Code Daytime Telephon	e Number	
Enclosed	d is a check for t	the following amount:			
	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	■\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing F Certificate of Status Certified Copy (additional copy is en	s &
	New F Divisi P.O. E	ng Address Filing Section on of Corporations Box 6327 nassee, FL 32314	Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, Fl. 3230	assee et, Suite 810	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

STORMI RENOV	ATIONS LLC			
(Must co	ontain the words "Limited	d Liability Company,	"L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and street	t address of the principal	office of the Limited	Liability Company is:	
Princ	ipal Office Address:		Mailing Address:	
5260 SW 158TH A MIAMI, FL 33185			O SW 158TH AVE MI, FL 33185	
				
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	ny cannot serve as its ow	m Registered Agent. \	You must designate an individual	
(The Limited Liability Compa	ny cannot serve as its ow n active Florida registrat	m Registered Agent. \ ion.)	You must designate an individual	
(The Limited Liability Compa- another business entity with a	ny cannot serve as its ow n active Florida registrat	m Registered Agent. \ ion.) ed agent are: ROSO RAMIREZ	You must designate an individual	
(The Limited Liability Compa- another business entity with a	ny cannot serve as its own active Florida registrate address of the registers	m Registered Agent. \ ion.) ed agent are:	You must designate an individual	
(The Limited Liability Compa- another business entity with a	ny cannot serve as its own active Florida registrate address of the registers	m Registered Agent. Noon.) ed agent are: ROSO RAMIREZ Name	You must designate an individual	
(The Limited Liability Compa- another business entity with a	ny cannot serve as its own active Florida registrate address of the register YUMAIKEL PEDI	m Registered Agent. Noon.) ed agent are: ROSO RAMIREZ Name	You must designate an individual	2025 KAR 26 AN
(The Limited Liability Compa- another business entity with a	ny cannot serve as its own active Florida registrate address of the register YUMAIKEL PEDI	m Registered Agent. Notes ion.) ed agent are: ROSO RAMIREZ Name	You must designate an individual	

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
MGR	YUMAIKEL PEDROSO RAMIREZ 5260 SW 158TH AVE MIAMI, FL 33185		
	MIMMILESSIAS	· · · · · · · · · · · · · · · · · · ·	
		2025 MAR	
		TAR	"7
		Σ N Ω - 6	7
(Use attachment if necessary)			M
ARTICLE V: Effective date, if other than the date.	are of filing: 03/20/25	CE CENOITAO	Ö
If an effective date is listed, the date must be he date of filing.)	specific and cannot be more than five business of	,- ,	after
Note: If the date inserted in this block does no	t meet the applicable statutory filing requirement	s, this date will not be li	sted as
the document's effective date on the Departme	at of State's records.		
ARTICLE VI: Other provisions, if any.			
			<u>-</u>
			_
REQUIRED SIGNATURE:	.10		
	hel Pedros Rancine,	- <u>-</u>	
	member or an authorized representative of a m cuted in accordance with section 605.0203 (1) (b)		
I am aware that any fa	lse information submitted in a document to the Derec felony as provided for in s.817.155, F.S.		

YUMAIKEL PEDROSO RAMIREZ
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)