

Florida Department of State

Division of Corporations

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

From:
Account Name : GARCIA GARCIA ASSOCIATES INC
Account Number : I20110000056
Phone : (305)823-9292
Fax Number : (305)824-0703

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

Email Address: HANK@TAXCONSULTANTSGROUP.COM

FLORIDA LIMITED LIABILITY CO. YOUR HOME REMEDY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

RECEIVED
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DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

8/10/21
[Signature]

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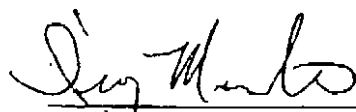
Florida Department of State

Attention: New Filings Section

Date: 03/08/21

To whom it may concern:

This is to advise you that the owners of YOUR HOME REMEDY, LLC of Doc L07000012746 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.


IRVING MERCADO, INCORPORATOR
2021 MAR 11 AM 11:33
FLORIDA DEPARTMENT OF STATE
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-H21000087523 3-

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

YOUR HOME REMEDY, 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>2114 N FLAMINGO ROAD</u>	<u>2114 N. FLAMINGO ROAD</u>
<u>SUITE 117Z</u>	<u>SUITE 117Z</u>
<u>PEMBROKE PINES, FL 33028</u>	<u>PEMBROKE PINES, FL 33028</u>

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:

EDWARD GARCIA INC.
Name

6163 MIAMI LAKES DR. E
Florida street address (P.O. Box **NOT** acceptable)

<u>MIAMI LAKES</u>	<u>FL.</u>	<u>33014</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.

[Signature] PRESIDENT
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FLORIDA

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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

MGR

IRVING MERCADO

13661 SW 17 CT.

MIRAMAR, FL 33027

(Use attachment if necessary)

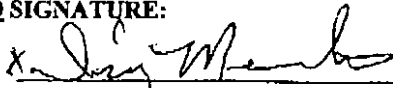
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

IRVING MERCADO

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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