

LO1000020759

COVER LETTER

rec. back 11/1 + this will be the file date  
00789 - 00524 - 00671 reassign eff date accordingly

PER INSTRUCTIONS THIS COVER LETTER IS PROVIDED ALONG WITH THE ARTICLES OF


ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

OUR DAY TIME PHONE NUMBERS ARE: OFFICE 813-873-3699  
FAX: 813-873-2173

CELL 310-4752

eff 11/28

OUR MAILING ADDRESS IS 2504 W. CREST AVE., TAMPA, FL.  
33614

  
MANUEL F. ISLA  
REGISTERED AGENT

W01-15519  
800004452158--3  
-06/29/01-01080-011  
\*\*\*\*125.00 \*\*\*\*125.00

FILED  
01 NOV - 7 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

November 7, 2001

MANUEL F. ISLA  
2504 W. CREST AVE.  
TAMPA, FL 33614

SUBJECT: C & A PLASTERING, L.L.C.  
Ref. Number: W01000015519

We have received your document for C & A PLASTERING, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date for this LLC cannot be more than 5 days prior to the file date (11/7/2001) and no more than 90 days after the file date. Please issue a new effective date within this time limit.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 401A00060500

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is: **C & A PLASTERING, L.L.C.**

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

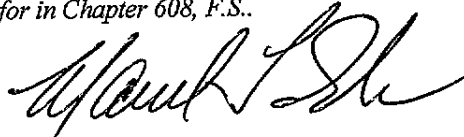
2504 W. CREST AVE. TAMPA, FL. 33614

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent’s Signature:**

The name and the Florida street address of the registered agent are:

**Manuel F. Isla  
4902 N. McDill Ave.  
Tampa, Florida 33614  
(813) 310-4752**

*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 608, F.S..*

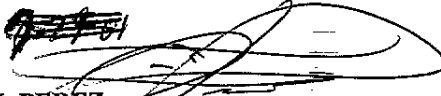

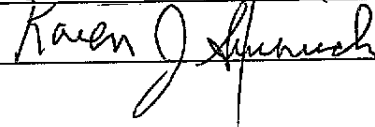


**Registered Agent’s Signature**

**ARTICLE IV - Management :**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a managed company.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalty of perjury that the facts stated herein are true.) Signature of persons forming the limited liability company:

Effective Date ~~11/28/01~~  
11/28/01  
  
ARIEL PEREZ  
  
CARLOS ORDAZ  
  
KAREN J. SINNREICH

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
01 NOV -7 PM 2:36  
FILED