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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| (Orty-State-Eight Horie II) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |

A. LUNT

MAY 14 2008

EXAMINER

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SECRETARY OF STATE

FILED

COVER LETTER

| TO: | Registration Section Division of Corporations | æ., |
|---------|--|----------|
| SUBJI | ECT: Herrera Systems LLC | |
| | (Name of Limited Liability Company) | |
| The en | nclosed Articles of Organization and fee(s) are submitted for filling. | |
| Please | return all correspondence concerning this matter to the following: | |
| | Jason Herrera | |
| | (Name of Person) | |
| | ≠ | |
| | (Firm/Company) | |
| | 1363 Tartan Avenue | |
| | (Address) | |
| | Deltona, FL 32738 | |
| | (City/State and Zip Code) | |
| For fur | rther information concerning this matter, please call: | , |
| Jaso | on Herrera _{at (} 386) 216-9956 | |
| | (Name of Person) (Area Code & Daytime Telephone Number) | |
| Enclos | sed is a check for the following amount: | |
| □\$125. | .00 Filing Fee Status Certified Copy Certified Copy (additional copy is enclosed) \$160.00 Filing Fee Certified Copy (additional copy is enclosed) | is & |
| | Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Herrera Systems LLC | | |
|---|---|----------|
| (Must end with the words "Limited | d Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: | | |
| The mailing address and street address of | the principal office of the Limited Liability Comp | any is: |
| Principal Office Address: | Mailing Address: | |
| 1363 Tartan Avenue | 1363 Tartan Avenue | ~ |
| Deltona, FL 32738 | Deltona, FL 32738 | |
| | | |
| (The Limited Liability Company cannot serve as its owr business entity with an active Florida registration.) The name and the Florida street address of | Registered Agent. You must designate an individual or another | ED |
| | | |
| Mark Gross | Name | |
| Mark Gross | Name | |
| Mark Gross 1363 Tartan Ave | Name | |
| Mark Gross 1363 Tartan Ave | Name Pnue eet address (P.O. Box NOT acceptable) | |
| Mark Gross 1363 Tartan Ave Florida stro Deltona, FL 3273 | Name Pnue eet address (P.O. Box NOT acceptable) | |

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|--|--|
| MGR | Jason Herrera 1363 Tartan Avenue Deltona, FL 32738 |
| | ARY OF STATE SSEE. FLORID |
| | |
| | the date of filing: (OPTIONAl st be specific and cannot be more than five business day |
| REQUIRED SIGNATURE: | |
| | 1 1 2 |
| | by fleen |
| Signature of a me | ember or an authorized representative of a member: |
| (In accordance wit of this document of | |

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)

Typed or printed name of signee