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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PłCK-UP WAIT MAIL			
(Business Entity Name)			
. (Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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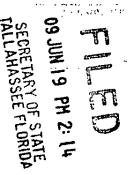
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N. **Gung**za JUN 22 2000 (

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Name of Limited I	Pan Dr. #	1005B
The enclosed Articles of	Organization and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	Distinct	Renovations me of Person	<del>\</del>
	Sussa V Fir	Mesq —	<u> </u>
	9823	Sw 27 te	m.
	Migmi	Hg. 33165	<u> </u>
	E-mail address: (to be used for fi	ate and Zip Code  23  24  24  25  25  25  25  25  25  25  25	io.com
For further information c	oncerning this matter, please cal	-	
Susan Mes Name of	5 <b>9</b> at	Area Code & Daytime Teleph	one Number
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee [	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir	rcle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liabi  ARTICLE II - Address: The mailing address and street address of the property of the p	ity Company," "L.L.C.," or "LLC.") rincipal office of the Limited Liability Company is:
Principal Office Address:  9823 SW 27 terr  Migui Fla. 3.3/65	Mailing Address:  9823 SW 27 terr.  Miami, Flu. 33165
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registations)  The name and the Florida street address of the Name  983 Sw.  Florida street address (P.O.  Mig.Mi.  City, State, a	registered agent are:  Chart dus Inc.  RETARY OF STATE  Box NOT acceptable)  FL 33166
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

## Page 1 of 2

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

The name and address of each Mana	ager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
a MGR11	Susan Mesq 9823 Sw 27 terr. Migui F19. 33161
" MGR"	Ernesto Mesq 9823 Sw 27 terr. Miami, Fla. 3316
(Use attachment if necessary)  CLE V: Effective date, if other than the	te date of filing: (OPTIONAL)  be specific and cannot be more than five business days prior
days after the date of filing.)  REQUIRED SIGNATURE:	oe specific and cannot be more than five business days prid
Leise	per or an authorized representative of a member 200 cection 608.408(3), Florida Statutes, the execution 300 cection 608.408(3), Florida Statutes, the execution 300 cection 608.408(3) cection 608.408(3), Florida Statutes, the execution 300 cection 608.408(3), Florida Statutes, the execution 600 cection 600 cec
of this document con that the facts stated h	erein are true.)
Filing Fees:	yped or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)