Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000041923 3)))



H160000419233ABC-

	<u> </u>	ب: ﴿﴿ ﴿
_		3.5
To:	Division of Companyions	
	Division of Corporations Fax Number : (850)617-6381	- (11)
	Lay woulder. : (939)011-0301	TT TT
From:		
rrom.	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	AJE
	Account Number : I20000000019). T
	Phone : (305)552-5973	
	Fax Number : (305)675-5944	
	the email address for this business entity to be used for noual report mailings. Enter only one email address please.	
E	mail Address:	

FLORIDA LIMITED LIABILITY CO. FARM & CONSTRUCTION SUPPLIES, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

62-20-16

Electronic Filing Menu

Corporate Filing Menu

Help

#5072 P.001/004

2/19/2016 2:35:30 PM PAGE 1/001

Fax Serter



February 19, 2016

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, Division of Corporations

SUBJECT: FARM & CONSTRUCTION SUPPLIES, LLC

REF: W16000012613

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

and the second s

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any further questions concerning your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section FAX Aud. #: H16000041923 Letter Number: 116A00003523 FROM: TO:3052201440 02/17/2016 16:47:58 #262 P.002/004

: RTICLE I - Na	ARTICLES OF ORGANIZATION FO	•		
	ime: Jimited Liability Company is:	•		
:	,			
PARA	4 & CONSTRUCTION SUPPLIES	1110		
1 1144,7	(Must end with the words "Lim		, "L.L.C.," or "LLC.")	
	4.3			
TICLE II - A mailing addre	ddress: ess and street address of the princip:	al office of the Limited	Liabilty Company is:	
•			,	
	Principal Office Address:		Mailing Address:	
	221 CORAL WAY		8221 CORAL WAY	
MIAN	Л., FL 33155	MIA	MI, FL 33155	
MIAN TICLE III - I ne Limited Liab other business	AI, FL 33155 Registered Agent, Registered Offithe Company cannot serve as its centity with an active Florida registres. Florida street address of the registres.	MIA ce, & Registered Agent. action.)	MI, FL 33155	16 FEB 19 PA
TICLE III - I te Limited Liab ther business	AI, FL 33155 Registered Agent, Registered Offithe Company cannot serve as its centity with an active Florida registres. Florida street address of the registres.	ce, & Registered Agent. own Registered Agent. arion.) ered agent are: RCIA CPA, P.A. Name	nt's Signature: You must designate an individual or	LEB 19 BH I
TICLE III - I be Limited Liab other business	Registered Agent, Registered Officility Company cannot serve as its centity with an active Florida registres. Florida street address of the registres. GARCIA & GARC	ce, & Registered Agent. own Registered Agent. arion.) ered agent are: RCIA CPA, P.A. Name	nt's Signature: You must designate an individual or	LEB 19 BH I
MIAN CTICLE III - I ne Limited Lial other business	Registered Agent, Registered Officility Company cannot serve as its centity with an active Florida registres. Florida street address of the registres. GARCIA & GARC	ce, & Registered Agent. own Registered Agent. ation.) ered agent are: RCIA CPA P.A. Name	nt's Signature: You must designate an individual or	LEB 19 BH I

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..

Registered Agent's Signature (REQUIRED)

FEDERICO GARCIA
(CONTINUED)

Page 1 of 2

H 1 6 0 0 0 0 4 1 9 2 3

Title: "AMBR" = Authorized Member	Name and Addr
"MGR" = Manager	·
MOR	MICHAEL DIAZ
•	C/O 8221 CORAL WAY
· .	MIAMI, FL 33155
MOD	JAVIER DIAZ
MGR	C/O 8221 CORAL WAY
	MIAMI, FL 33155
	Dr. (-)
	Tin o
	<u>>10</u>
	چين اور در
	## ## ## ## ## ## ## ## ## ## ## ## ##
of filing.)	the date of filing: (OPTIONAL). st be specific and cannot be more than five business days prior to or 90 days
EV: Effective date, if other than fective date is listed, the date in of fling.) If the date inserted in this block dument's effective date on the Dep	st be specific and cannot be more than five business days prior to or 90 days bes not meet the applicable statutory filing requirements, this date will not be li
LEV: Effective date, if other than fective date is listed, the date not of fling.) If the date inserted in this block d	the date of filing: (OPTIONAL). st be specific and cannot be more than five business days prior to or 90 days per not meet the applicable statutory filing requirements, this date will not be li
EV: Effective date, if other than fertive date is listed, the date in of fling.) If the date inserted in this block dument's effective date on the Dep	the date of filing: (OPTIONAL). st be specific and cannot be more than five business days prior to or 90 days per not meet the applicable statutory filing requirements, this date will not be li
EV: Effective date, if other than lective date is listed, the date and of filing.) If the date inserted in this block dament's effective date on the Department of the date of the Department of	the date of filing:
EV: Effective date, if other than lective date is listed, the date and of füling.) If the date inserted in this block dament's effective date on the Department of the date of the Department of	the date of filing:
EV: Effective date, if other than lective date is listed, the date and of fling.) If the date inserted in this block dament's effective date on the Department's effective date on the Department of the Departmen	the date of filing:
EV: Effective date, if other than fective date is listed, the date and of filing.) f the date inserted in this block diment's effective date on the Dept. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signatur This document I amaware that	the date of filing:
EV: Effective date, if other than fective date is listed, the date and of filing.) f the date inserted in this block diment's effective date on the Dept. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signatur This document I amaware that	the date of filing:
EV: Effective date, if other than fective date is listed, the date and of filing.) f the date inserted in this block diment's effective date on the Dept. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signatur This document I amaware that	the date of filing:
EV: Effective date, if other than fective date is listed, the date and of filing.) f the date inserted in this block diment's effective date on the Dept. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signatur This document I amaware that	the date of filing:

Page 2 of 2