## 108000013094

(Requestor's Name)	
(Address)	<u>.                                    </u>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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TO ACKNOWLEDGE

RECEIVED

OFFARTMENT OF STATE

DIVISION OF CORPORATIONS

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Ciro Mayorga Construction L/C Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Ciro Mayorga (Name of Person)	
Ciro Mayorga Construction Lha	
2156 E Park Ave 8 TALLANDE AND	ceraet
Tallahassee, fl 32301 6 88	ARY ARY
(City/State and Zip Code)  (City/State and Zip Code)  For further information concerning this matter, please call:	STATE
at ( <u>850</u> ) <u>Q74-9936</u> (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\sum \text{\$Certified Copy (additional copy is enclosed)}\$\$\$	
Mailing Address  Registration Section  Street/Courier Address  Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
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 Liability Compar	Construction UC ny, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address: Mailin	ng Address:
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own Registered Agent	
business entity with an active Florida registration.)  The name and the Florida street address of the registered Name  2156 F Park  Florida street address (P.O.  Tallahasse FL  City, State, and Zip	SECRETARY OF SITALLAHASSEE, FLO  08 FEB -6 AM 10:  AM 10:

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 (REQUIRED)

	er or Managing Member is as follows:		
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	Ciro Mayorga 2156 E. Park AYE Tallahassee, Fl 303x	 	
		<del></del>	
·			
(Use attachment if necessary)			
CLE V: Effective date, if other than the deffective date is listed, the date must be 00 days after the date of filing.)	date of filing: (OPT specific and cannot be more than five busine	CIONAL ess days	.) prior
70 days after the date of hing.		0	Z A
REQUIRED SIGNATURE:		08 FEB -	ECRETA LLAHA
REQUIRED SIGNATURE:	or an authorized representative of a member.	73	ECRETARY OF S

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee