

L03000027244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

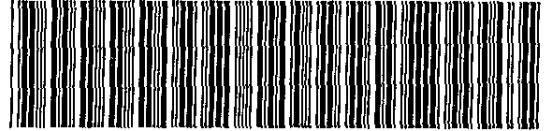
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/10/03--01043--004 **125.00

W03000019952

789 / 727 / 671 L03-27244 7/24/03 QM

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Altius Construction LLC.
(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:

Heriberto Correa
(Name of Person)

(Firm/Company)

19121 NW 52 Ave.
(Address)

Miami / FL / 33055
(City/State and Zip Code)

For further information concerning this matter, please call:

Heriberto Correa at (305) 219-2065
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 16, 2003

HERIBERTO CORREQ
19121 NW 52 AVE.
MIAMI, FL 33055

SUBJECT: ALTIUS CONSTRUCTION LLC
Ref. Number: W03000019952

We have received your document for ALTIUS CONSTRUCTION LLC 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 registered agent must sign accepting the designation.

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) 245-6890.

Jason Merrick
Document Specialist

Letter Number: 103A00041561

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Attivo Construction LLC.

ARTICLE II - Address:

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

Principal Office Address:

19121 NW 52 AV
MIAMI GARDENS, FL
33055

Mailing Address:

19121 NW 52 AV
MIAMI GARDENS, FL
33055

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Martha Correa
Name

19121 NW 52 AV
Florida street address (P.O. Box **NOT** acceptable)
012 Locka FL 33055
City, State, and Zip

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..

[Signature]
Registered Agent's Signature

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Heriberto CORREA
19121 NW 52 AV
OPA LOCKA, FL 33055

MGRM

Heriberto CORREA SR
19121 NW 52 AV
OPA LOCKA, FL 33055

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Heriberto CORREA.
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

MANAGING MEMBERS

Printed Name

Signature

Printed Name

Signature

MEMBERS

Heriberto Correa

Printed Name

Signature

Heriberto Correa Sr

Printed Name

Signature

Print Name

Signature

Signature

STATE OF Florida)

COUNTY OF Dade)

§

On the 8 day of July, 2003 personally appeared
before me Heriberto Correa, the signer of the within instrument, who duly
acknowledged to me he executed the same.

Notary Public

Residing at:

402 NW 180 St. Miami, FL

JEANETTE ALICEA
NOTARY PUBLIC - STATE OF FLORIDA
COMMISSION # CC821744
EXPIRES 4/4/2004
BONDED THRU ASA 1-888-NOTARY1

My commission expires: 4/4/04