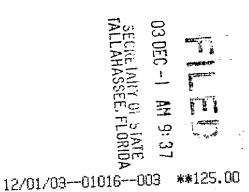
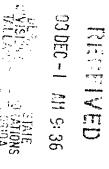
# 

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
· ·
1212
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## TRANSMITTAL LETTER

TO:

Registration Section

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Division of Corporations

STREET ADDRESS:

Division of Corporations

Tallahassee, Florida 32399

Registration Section

409 E. Gaines Street

NECTERIC CONT DACTURG (Firm/Company)	SSEE, FLUKIUA
404 Dover Cucle	בטאוטא
(Address)  TEQUESTA, FL 33469  (City/State and Zip Code)	
For further information concerning this matter, please call:	
PAU MORAN at (56) 746-2727 (Name of Person) (Area Code & Daytime Telephone Number)	

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED L'IABILITY COMPANY

NEOTERIC CONTRACTING, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:	•
The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address: PO Box 3552
TEQUESTA FL 33469	TEQUESTA, FL
	33469
ARTICLE III - Registered Agent, Registered Office	
The name and the Florida street address of the registere	d agent are:
FAUL MAN	/ .As 0
Name	
404 Dovar Co	ecte HASS
Florida street address (P.O. Box No.	T-F-v
TEQUESTA DEL	33469 E TI
City, State, and Zip	ORID STATE
Having been named as registered agent and to accept soliability company at the place designated in this certific	
registered agent and agree to act in this capacity. I furn statutes relating to the proper and complete performance	
accept the obligations of my position as registered agen	
Tallow	
Registerté Agent's Signal	TITE -

(CONTINUED)

### 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	Name and Address:	
"MGRM" = Managing Member  MGR	PAUL MORAL 404 DOUR CIR TEQUERA FC 33469	-
	TALLAHASSEE	03 DEC -
(Use attachment if necessary)  NOTE: An additional article must be		
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.)

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)