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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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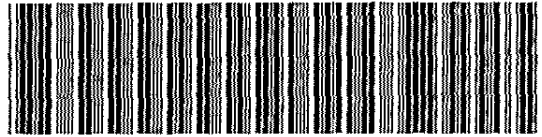
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TORITO DRYWALL 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:

CARLOS RAMOS  
(Name of Person)

TORITO DRYWALL LLC  
(Firm/Company)

1101 GRANDVIEW CIRCLE  
(Address)

ROYAL PALM BEACH FL 33411  
(City/State and Zip Code)

For further information concerning this matter, please call:

CARLOS RAMOS at ( 954 ) 445-4767  
(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

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TALLAHASSEE, FL

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TORITO DRYWALL, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1101 GRANDVIEW CIRCLE

ROYAL PALM BEACH FL 33411

**Mailing Address:**

1101 GRANDVIEW CIRCLE

ROYAL PALM BEACH FL 33411

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

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

SONIA LOPEZ VALLE

Name

18601 40TH RUN NORTH

Florida street address (P.O. Box **NOT** acceptable)

LOXAHATCHEE

FLORIDA 33470

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, Florida Statutes..*

SONIA LOPEZ VALLE

Registered Agent's Signature

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JAILOR ASSOCIATION

**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:**

MGRM 10%

ENRIQUE LEON PARILLA

1101 GRANDVIEW CIRCLE

ROYAL PALM BEACH FL 33411

MGRM 10%

CARLOS RODRIGUEZ

1101 GRANDVIEW CIRCLE

ROYAL PALM BEACH FL 33411

MGRM 10%

WALTER SANCHEZ

1101 GRANDVIEW CIRCLE

ROYAL PALM BEACH FL 33411

(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.)

CARLOS RAMOS

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)**

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TALLAHASSEE, FL 32311