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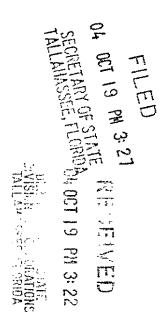
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## TRANSMITTAL LETTER

Registration Section
Division of Corporations

Tallahassee, Florida 32399

TO:

SUBJECT:	SPACE CO.	NSTRUTION	6lou	P. LLC	
	(Na	ame of Limited Liability Co	ompany)		
The enclosed A	rticles of Organization and	fee(s) are submitted for fili	ng.		
Please return all	correspondence concernin	g this matter to the following	ng:		0
<u>EDIN</u>	SON DURAN				SECRETARIAN
SPACE	(	TION GROU	p Uc	 	OF STATE
19720	N.W. 57	<b>P</b> /	****		
MiAni	(Address)  7. 3301  (City/State and Zi	JT.	_		
	mation concerning this man	tter, please call:  ORAW at (Area Code	954 6	658227	74 <u>.</u> CE//.
Enclosed is a check for		,		,	
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee Certificate of State		s enclosed)	1160.00 Filing Certificate of S Certified Copy (additional copy is	tatus &
Registra Division	ET ADDRESS: ation Section n of Corporations Gaines Street		MAILING A Registration S Division of C P.O. Box 632	Section orporations	

P.O. Box 6327

Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMP ARTICLE I - Name: The name of the Limited Liability Company is: CONSTRUCTION PROUP. ILC. SPACE ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: **Mailing Address:** 19720 N.W. 57 Pl. 19720 N.W. 57P1. \_

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

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

MIANU F1. 33011.

EDINSON DURAN.

Name

19720N.W. 57 Pl. WALL Fl. 330N. Florida street address (P.O. Box NOT acceptable) City State and 7 in

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 regisfered agent as provided for in Chapter 608, F.S..

ered Agent's Signature

(CONTINUED)

Title:	Name and Address:	
"MGR" = Manager	Traine and Address,	0
"MGRM" = Managing Member	<i>&gt;</i>	* _ ^_
MGRM"	REGINA PALACIOS.	
	19720 N.W. 59 Pl. WIAdis Fl. 330N.	
MGRM'		Service of the servic
	19720 N.W. 57 Pl. MiANI Fl. 33015.	•
(Use attachment if necessary)		
NOTE: An additional article must	t be added if an effective date is requested.	
REQUIRED SIGNATURE:	Andle	
	The state of the s	
Signature of a mem	ber or an Authorized representative of a member.	
of this document cor	section 608.408(3), Florida Statutes, the execution	

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)