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W5-1191

# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Carlos Rodriguez Masonary, 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 Roberto Rodriguez (Name of Person)
Carlos Rodriguez Masonary, LLC (Firm/Company)
1250 Silver Sour Court EE 量
Tallabassee florida 32310  (City/State and Zip Code)  For further information concerning this matter, please call:
For further information concerning this matter, please call:
Carlos Rodriguez at (850) 210-2555 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

## 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

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

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Carlos Rodriguez Masonary, LLC

**ARTICLE II - Address:** 

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

**Principal Office Address:** 

Mailing Address:

7250 5. lver Spur Ct. Tall, Fl., 32310

7250 Silver Sour Cd. Tall, Fl., 32310

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

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

Carlos Rodriquez

7250 Silver Sew Court
Florida street address (P.O. Box NOT acceptable)

Tallahassee, FL, 32310 City, State, and Zip 2005 JAN 24 PM 3: 50
SECRETARY OF STATE
AND A MASSEE, FLORIDA

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

(CONTINUED)

Page 1 of 2

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Callos Rodriquer

250 Silver Spur Coult

Tallahassee, Florida, 32310

MGRM

Jose Salvador Rivas

Po. Box 368

Gredna, Fl., 32332

MGRM

Alfredo Medina

Po Box 368

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

(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.)

Typed or printed hame of signee

#### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)