

LOS 0800 31138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

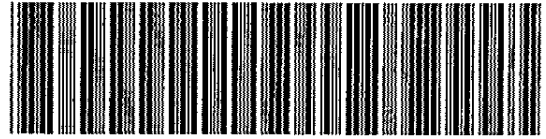
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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LOS-31138
JR



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 17, 2005

HUGO CRUZ
237 ASHLEY RD
MASCOTTE, FL 34753

SUBJECT: HUGO CRUZ CONSTRUCTION, LLC
Ref. Number: W05000013922

We have received your document for HUGO CRUZ CONSTRUCTION, LLC and check(s) totaling \$160.00. However, your check(s) and document are being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 005A00018458

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HUGO CRUZ ~~XXXXXXXXXX~~ 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:

HUGO CRUZ
(Name of Person)

HUGO CRUZ ~~SERVICES~~ Construction, LLC
(Firm/Company)

237 ASHLEY Rd.
(Address)

MASCOTTE, FL 34753
(City/State and Zip Code)

For further information concerning this matter, please call:

HUGO CRUZ at (352) 504-5628
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & 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

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TALLAHASSEE, FLORIDA

105-13922

TRANSMITTAL LETTER

Registration Section
Division of Corporations

SUBJECT: HUGO CRUZ ~~XXXXXXXXXX~~ Construction, LLC
(Name of Limited Liability Company)

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(Name of Person)

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(Firm/Company)

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(Address)

MASCOTTE, FL 34753
(City/State and Zip Code)

For further information concerning this matter, please call:

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(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- 25.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hugo Cruz Construction LLC

ARTICLE II - Address:

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

Principal Office Address:

237 Ashley Rd
Mascotte FL
34753

Mailing Address:

237 Ashley Rd
Mascotte FL
34753

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

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

Hugo Cruz
Name

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

Mascotte FL 34753
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.

Hugo Cruz
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

(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

MGR


Name and Address:

Hugo Cruz
237 Ashley Rd
Mascotte FL 34753

(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.)

Hugo Cruz

Typed or printed name 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)

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