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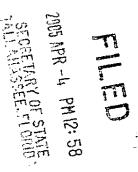
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WS-33518

TRANSMITTAL LETTER

TO:

Registration Section

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Division of Corporations		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	truction	
(Name of Limited Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for fili	ing.	
Please return all correspondence concerning this matter to the following	ng:	
HECTOR J. ES (Name of Person)	calera	
HE MAN CONSTRUC (Firm/Company)	tion L.L.C.	
4535 Hamosh	ire Rd.	
TAMPA FL 33634 (City/State and Zip Code)		
For further information concerning this matter, please call:	417-1217 P	
HECTOR J. ESCALERA at (813 (Area C	SECRETARY OF STATE Sode & Daytime Telephone Number) F1 02:58	
Enclosed is a check for the following amount:	TE S8	
\$125.00 Filing Fee  \$130.00 Filing Fee &  \$155.00 Certificate of Status Certified Co	0 Filing Fee & Status Fee, opy Certificate of Status & Certified Copy (additional copy is enclosed)	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	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:
HE MAN CONSTRUCTION LIMITED  LIABILITY COMPANY  ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  4535 Hampshire Rd. 4535 Hampshire Rd. TAMPA, FL 33634  TAMPA, FL 33634
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:  HRCTOR J. ESCALERA  Name  4535 HAMOShirE Pd.  Florida street address (P.O. Box NOT acceptable)  TAMPA FL 33634  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
Registered Agent's Signature  (CONTINUED)  (CONTINUED)

Page 1 of 2

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

The name and address of each Manager	or managing monitor is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	HECTOR J. ESCALERA 4535 Hampohire Pd. TAMPA, FL 33634
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:  Signature of a member of	r 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.)

HECTOR J. ESCALERA
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)

2005 APR -4 PH 12: 58
SECRETARY OF STATE