

W05000037586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

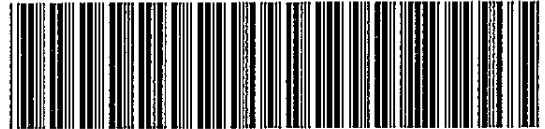
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05 APR 18 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 APR 19 PM 3:28

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05 APR 19 PM 3:28

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A Firm Foundation Builders 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 E. Ramirez  
(Name of Person)

A Firm Foundation Builders  
(Firm/Company)

4417 Westover Drive  
(Address)

Tallahassee, FL. 32308  
(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos E. Ramirez at ( 850 ) 562-0507  
(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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

A Firm Foundation Builders L.L.C.

### ARTICLE II - Address:

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

#### Principal Office Address:

4417 Westover Drive  
Tallahassee, FL 32308

#### Mailing Address:

4417 Westover Drive  
Tallahassee, FL 32308

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

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

Carlos E. Ramirez  
Name

4417 Westover Drive  
Florida street address (P.O. Box **NOT** acceptable)  
Tallahassee, FL 32308  
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..*

Carlos E. Ramirez  
Registered Agent's Signature

(CONTINUED)

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SECRETARY OF STATE

**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:**

MGR

Carlos E. Ramirez

4417 Westover Drive

Tallahassee, FL 32308

MGRM

Titus J. Williams

8766 Celia Rd.

Tallahassee, FL 32305

MGRM

Tommy Lee Moore Jr.

2105 Old Bainbridge Rd.

Tallahassee, FL 32303

MGRM

Erlinda S. Diaz

1332 County Road 326

Jourdanton, TX 78026

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

Carlos E. Ramirez

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 E. Ramirez

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)