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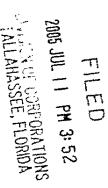
(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
В	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## TRANSMITTAL LETTER

	tration Section on of Corporations		
SUBJECT: _	** T.	squez Stucco LLC	
	(Name of	Limited Liability Company)	
	Articles of Organization and fee(s	-	
Please return a	Il correspondence concerning this	s matter to the following:	
		Ramiro Velasquez	
_		(Name of Person)	
			~- <b></b>
		Velasquez Stucco LLC	
	· · · · · · · · · · · · · · · · · · ·	(Firm/Company)	
			<b>基</b> 异二
		619 Walnut St.	SSS
<del></del>	, , , , , , , , , , , , , , , , , , ,	(Address)	· re
			52
	,	Aubumdale, Fl 33823	99
		(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further info	ormation concerning this matter,	please call:	
	Ramiro Velasquez (Name of Person)	at ( <u>863</u> ) 224-1125 (Area Code & Daytime T	-1t NI1
	(Name of Ferson)	(Alea Code & Daytille 1)	elephone Number)
Enclosed is a	check for the following amou	nt:	
<b>Ø</b> \$125.00 Fil	ing Fee	Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	STREET ADDRESS:	MAILING A	.DDFCC.
	Registration Section	Registration S	
	Division of Corporations	Division of C	'orporations
	409 E. Gaines Street	P.O. Box 632 Tallahassee, F	
	Tallahassee, Florida 32399	i alianassee, i	FIORIDA 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:
Velasque	z Stucco 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:
619 Walnut St. Aubumdale, Fl 33823	619 Walnut St. Auburndale, Fl 33823
	- Cabarradio, 11 00020
ARTICLE III - Registered Agent, Regis The name and the Florida street address of	tered Office, & Registered Agent's Signature:
	o Velasquez
	Name
619 V	Valnut St.
Florida str	eet address (P.O. Box NOT acceptable)
Auburi	ndale FL 33823
City, S	State, and Zip
liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and compl	nd to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as spacity. I further agree to comply with the provisions of all ete performance of my duties, and I am familiar with and so registered agent as provided for in Chapter 608, F.S
Lamin Velos	logative

(CONTINUED)

Page 1 of 2

## 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 Men	Name and Address:
MGR	Ramiro Velasquez
	619 Walnut St.
	Aubumdale, FI 33823
	Sec. Policy of the sec.
(Use attachment if necessar,	y)
NOTE: An additional arti	icle must be added if an effective date is requested.
REQUIRED SIGNATURI	E:
	of a member or an authorized representative of a member.
(In accordar of this docu	nce with section 608.408(3), Florida Statutes, the execution under the penalties of perjury acts stated herein are true.)
	Ramiro Velasquez
	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)