105000/14894

, ,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800061586978

11/23/05--01028--004 **125.00

SECRETARY OF STAIL
DIVISION OF CORPORATIONS



COVER LETTER

Division of Co			
SUBJECT:	Carod Cons	struction, LLC	
	(Name of Limite	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	Carlo	s Rodriguez	_
	(Name of Person)	200
		(Firm/Company)	2005 NDV 23 PM 12: 44
	3403 \	N. Chestnut St.	2005 NDV 23 PM 12: 4
		(Address)	<u>구</u>
		pa FL 33607	<u> </u>
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Carlos Rodriguez		at (813) 610-10	28
(Name	e of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:			
Carod Construction, LLC (Must end with the words "Limited Liability Compan	y, "Limited Company" or their abbre	viation "LLC," or "L.C.		يند .
ARTICLE II - Address: The mailing address and street address of	of the principal office of the I	Limited Liability	Compar	ıy is:
Principal Office Address:	Mailing Address:			
3403 W. Chestnut St.	SAME			
Tampa FL 33607			_	
	<u> </u>	žat.	··	:
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sign (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Carlos Rodriguez				SECRETO DIVISION O
	Name		1005 NOV 23	ARY C
	V. Chestnut St.	<u></u> -	PH 12:	~~~ ~~~
Florida s	street address (P.O. Box NOT acc	eptable)	<u> </u>	ATIE
	ampa FL 33607		=	
Having been named as registered agent liability company at the place designate registered agent and agree to act in this statutes relating to the proper and compacted the obligations of my position Registered Agent	and to accept service of procented in this certificate, I herebe capacity. I further agree to complete performance of my dution as registered agent as provided the complete of the complete with the complete as provided the complete of the	y accept the appoi omply with the pro es, and I am famili	intment ovisions ar with	as of all and

(CONTINUED) Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGRM** Carlos Rodriguez 3403 W. Chestnut St. Tampa FL 33607 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member.

ARTICLE IV- Manager(s) or Managing Member(s):

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)

that the facts stated herein are true.)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

> Carlos Rodriguez Typed or printed name of signee