10900116400

(Requestor's Name)	
(Address)	30006
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	11/28/
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	·
Special Instructions to Filing Officer:	

Office Use Only



300061660673

11/28/05--01056--022 **130.00

La 12/06/05

OS NOV 28 PM 3: 13



COVER LETTER

TO: Registration Se Division of Co			-
SUBJECT:	Brick & Den	nolition LLC	
	(Name of Limited	d Liability Company)	
The enclosed Articles of	Organization and fec(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	Carlos A	ntonio Estevam	
	C	Name of Person)	
	Brick &	Demolition LLC	
	(Firm/Company)	
	4252 Pin	e Bark Avenue	
		(Address)	
		lo, FL 32811	
	(City	/State and Zip Code)	Fu 8 -1
For further information	concerning this matter, please	call:	NOV 28
		at (407) 616-97	
(Name	e of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check fe	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 Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	any is:
Deigle 0	Demolition LLC
	r, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Brick & Demolition LLC	Brick & Demolition LLC
4252 Pine Bark Avenue	4252 Pine Bark Avenue
Orlando, FL 32811	Orlando, FL 32811
The name and the Florida street address of Carlos A	or the registered agent are:
	Name
	e Bark Avenue
Florida st	treet address (P.O. Box NOT acceptable)
Orlar	
City,	, State, and Zip
liability company at the place designal registered agent and agree to act in this c statutes relating to the proper and comp	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S
Registered Agent	s Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Membe	Name and Address:
MGR	Carlos Antonio Estevam
	4252 Pine Bark Avenue
	Orlando, FL 32811
N/A	N/A
N/A	N/A
N/A	N/A
(Use attachment if necessary)	
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.)	nan the date of filing: Date of Filing (OPTION nust be specific and cannot be more than five business d
fective date is listed, the date n	nust be specific and cannot be more than five business d
fective date is listed, the date of days after the date of filing.) REQUIRED SIGNATURE:	nust be specific and cannot be more than five business d
fective date is listed, the date of days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance of this docume)	nust be specific and cannot be more than five business d

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)