:	UD JAN 2	/ PH 2: 06			
	SECRETAL TALLAHAS	Y OF STATE SEE, FLORIDA	מונו עשונע המונע האוני	יווג וחותו וימוא לתו <b>מל מלפוג ס</b> י	
(Requestor's Name)					
(Address)		70	)0063	257C	
(Address)	<del></del>	/ (	0000	0028	717
(City/State/Zip/Phone #)	<del></del>		31/27/060	1021019	**130.00
PICK-UP WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of St	fatus				
Special Instructions to Filling Officer:					
					ور در ا
AL.					
					• •

Office Use Only

## **COVER LETTER**

FILED

TO: Registration S Division of Co			06 JAN 27 PM 2: 06
SUBJECT:	TRujillo FRa (Name of Limite	MING LL CA	SECRETARY OF STATE LI AHASSEE, FLORIDA
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
: 	Eduardo -	TRujillo Name of Person)	
· · ·	Trujillo FR	Laming LLC	
		ANA HWY	
G	luincy Fl		
For further information	(City		, <del></del>
Eduald	o Trujillo	at ( 850) 210 (Area Code & Daytime To	) - 3802 elephone Number)
Enclosed is a check f	or the following amount:		
S125.00 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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

PILED

06 JAN 27 PM 2: 07

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ٨

MICELES OF CHOICE MEETING TO THE	SECRETARY OF STATE TALL AHASSEE, FLORID.
ARTICLE I - Name:	
The name of the Limited Liability Company is:	e e e e e e e e e e e e e e e e e e e
TRujillo FRO	mina LLC
Must end with the words "Limited Liability Company, "Limit	ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
247 Havana Huy Quincy Fla 32351	247 Havava Hwy Quincy Fla 32351
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	stered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
Eduardo Name	Teujillo
247 Havax Florida street ad	dress (P.O. Box NOT acceptable)
Qui NCY City, State,	

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 (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manage		Name and Address:	N 27 PH 2: 07
"MGRM" = Manage		TALLA	ETARY OF STATE HASSEE, FLORIDA
MGRM	_	Edmedo Teujill 247 Havava t Quincy Fla	0 lwy 32351
	_		
	_		
	_		
(Use attachment if	necessary)		
ICLE V: Effective de ceffective date is liste 90 days after the dat	ate, if other than the ed, the date must be e of filing.)	date of filing:specific and cannot be more th	
ICLE V: Effective de cifective de cifective date is liste	ate, if other than the ed, the date must be e of filing.)		. (OPTIONAL an five business days
ICLE V: Effective de ceffective date is liste 90 days after the dat	ate, if other than the ed, the date must be e of filing.)		
ICLE V: Effective date is liste 90 days after the dat	ate, if other than the ed, the date must be e of filing.)	specific and cannot be more the	an five business days
ICLE V: Effective de cafective de cafective date is liste 90 days after the dat REQUIRED SIG	nate, if other than the ed, the date must be e of filing.)  NATURE:  Signature of a member (in accordance with sectof this document constituted that the facts stated he	or an authorized representative of the statutes, the eutes an affirmation under the penalties trein are true.)	an five business days  a member.
ICLE V: Effective de cafective de cafective date is liste 90 days after the dat REQUIRED SIG	NATURE:  Signature of a member of this document constitution that the facts stated he	or an authorized representative of the statutes, the eutes an affirmation under the penalties trein are true.)	an five business days  a member.

Page 2 of 2