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## **COVER LETTER**

то:	Registration Se Division of Co					
SUBJ	ECT: BECE	RRA MASONRY "L			<u> </u>	•—•
		(Name of Limite	d Liability Compa	ay)		
The en	closed Articles o	f Organization and fee(s) are s	ubmitted for filing			
Please	return all corresp	ondence concerning this matte	er to the following:			
	MARTIN I	BECERRA				
		(	Name of Person)			
	BECERR	A MASONRY "LLC	<b>)</b> "			
		(	Firm/Company)			
	4993 MA	RS STREET				000
			(Address)		<u> </u>	至另
	FORT M	YERS FLORIDA	33905			7. S. J.
		(City	/State and Zip Code)	)	· .·. •	开星
For fur	ther information	concerning this matter, please	call:			2006 MAR -2 PM 4: 57
MAF	RTIN BECE	RRA	at ( 239 )	590-561	14	<u>, , , , , , , , , , , , , , , , , , , </u>
	(Name	of Person)		& Daytime Te	eiephone Number)	
Enclos	sed is a check fo	or the following amount:				
\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Fill Certified Copy (additional copy is	,	S160.00 Fill Certificate of S Certified Cop (additional copy i	Status & y
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	of Corporation	ns	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILIT **ARTICLE I - Name:** The name of the Limited Liability Company is: **BECERRA MASONRY "LLC"** (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.," **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address: Mailing Address:** MARTIN BECERRA 4993 MARS STREET FORT MYERS FLORIDA 33905 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: MAYA EXPRESS SERVICES INC Name 4152 PALM BEACH BLVD Florida street address (P.O. Box NOT acceptable) FORT MYERS 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..

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
"MGR"	MARTIN BECERRA 4993 MARS STREET FORT MYERS FL. 33905
<u></u>	ALLAHASSEE, FLORING
<del> </del>	ASSEE FLOR
(Use attachment if necessary)	De c
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.)	the date of filing: 02/26/2006 . (OPTIONAL st be specific and cannot be more than five business days
	st be specific and cannot be more than five business da

Martin Secro 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.)

MARTIN BECEREA

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)