

L06000034871

2006 APR -3 P 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(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:

W06-10021

AL

Office Use Only



400066696144

02/28/06--01011--023 \*\*122.50

03/28/06--01021--014 \*\*2.50



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILED

2006 APR -3 P 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 1, 2006

ALVARO I CRUZ CONTRERAS  
CRUZ BRICK WORK, LLC  
3215 BAIRD AVE. APT E 30  
LAKELAND, FL 33805

SUBJECT: CRUZ BRICK WORK, LLC  
Ref. Number: W06000010021

We have received your document for CRUZ BRICK WORK, LLC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of \$27.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 306A00014310

**COVER LETTER**

**FILED**

**TO:** Registration Section  
Division of Corporations

2006 APR -3 P 2: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:** CRUZ BRICK WORK, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALVARO I CRUZ

(Name of Person)

CRUZ BRICK WORK, LLC

(Firm/Company)

3215 BAIRD AVE SUITE E-30

(Address)

LAKELAND FLORIDA, 33805

(City/State and Zip Code)

For further information concerning this matter, please call:

HECTOR I. VELAZQUEZ

(Name of Person)

at ( 863 ) 667-3525

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CRUZ BRICK WORK, 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:**

ALVARO I CRUZ  
3215 BAIRD AVE SUITE E-30  
LAKELAND FLORIDA, 33805

3215 BAIRD AVE SUITE E-30  
LAKELAND FLORIDA, 33805

**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:

ALVARO I CRUZ

Name

3215 BAIRD AVE SUITE E-30

Florida street address (P.O. Box **NOT** acceptable)

LAKELAND FLORIDA, FL 33805

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..*

  
Registered Agent's Signature (REQUIRED)

(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:

**FILED**

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

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MGR

ALVARO I CRUZ  
3215 BAIRD AVE SUITE E-30  
LAKELAND FLORIDA, 33805

MGRM

PABLO R. BARBOSA  
5704 SAWYER RD  
LAKELAND FLORIDA, 33805

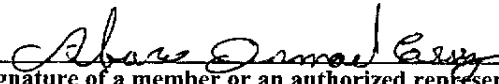
MRGM

JUAN E. CRUZ  
3215 BAIRD AVE SUITE E-30  
LAKELAND FLORIDA, 33805

(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.

(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.)

ALVARO I CRUZ CONTINEAS  
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)