## L06000038193

(Requestor's Name)
(Address)
(Address)
(Ch. Chata Tim Chana 49)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1/5/K

Office Use Only



200069265862

04/12/06--01021--012 \*\*130.00

SECRETARY OF STATE

RECEVED

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Santos Mejra DRYWall LLC (Name of Linfield Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ron Benfield 500 元
(Name of Person)
(Firm/Company)
(Firm/Company)  58 Sioux Cincle (Address)  Havona H 30333 ((City/State and Zip Code)
(Address)
Havana A 32333
/(City/State and Zip Code)
For further information concerning this matter, please call:  Ron Ben Field at 850 539-5171
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\iiint \text{\$130.00 Filing Fee & Certificate of Status}\$  Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address  Registration Section Registration Section  Division of Compressions Division of Compressions

P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations Clifton Building 2651 Executive Center Circle Tallahassee, FL 32301

# ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member San to S Mejica 58 Sidux Circle Havana, H. 32333 MGRM FROY an Salome 58 Sidux Circle Havana, H. 32333

(Use attachment if necessary)

## 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.)

Typed or printed name of signee

### Filing Fees:

\$125.60 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)