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SECRETARY OF STATE VLLAHASSEE, FLORID

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COVER LETTER

1

TO: Registration Section Division of Corporations		
SUBJECT: CARIOS A HERNO (Name of Limited Liab		
The enclosed Articles of Organization and fee(s) are submitted	ed for filing.	
Please return all correspondence concerning this matter to the	following:	
Ron Benti	eld	
(Name o	f Person)	
(Firm/Company)		
58 STOUX CINCLE	2	
(Add	iress)	
Houses & 3=) <i>22</i>	
(City/State a	nd Zip Code)	
For further information concerning this matter, please call:		
Ron Benfield at		
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
Certificate of Status Cert	1155.00 Filing Fee & S160.00 Filing Fee, iffied Copy 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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Callos A Hernande Z (Must end with the words "Limited Liability Company, "Limited	DRYWA! LLC Company or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
467 Holly Cincle Duincy, Fl 32351	467 Holly Cincle Durncy, Pl 32351
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the report of the Register Street address of the registration. Sioux Company Cannot serve as its own Register of the Register of	gistered agent are: Field PR PR PR PR PR PR PR P

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:

	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
	<u>morm</u>	Carlos A Hernandez 4107 Holly Gicle Quincy, M 32351
	MGRM MGRM	Eduardo S. Muris 4107 Holly Creck Quina, M. 32351
	MORM	Mayeicio N Aguilae 467 Holly Circle Quing FT 32351
	· ·	
(If an o	(Use attachment if necessary) CLE V: Effective date, if other than the date effective date is listed, the date must be spoon days after the date of filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior
	REQUIRED SIGNATURE:	
	Signature of a member on	Shal an authorized representative of a member.
	(In accordance with section of this document constitute that the facts stated herei	n 608.408(3), Florida Statutes, the execution as an affirmation under the penalties of perjury in are true.)

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)