

L060000050878

(Requestor's Name)

URB. BUENA VISTA
1531 PASEO BUENA VISTA
PONCE PR 00717-2515

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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05/09/06--01014--016 **125.00

06 MAY -9 AM 11:50

B. McKnight MAY 17 2006

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PONCE ROOFING FL. L.L.C.

(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:

1431 Amaryllis Cir. Cypress Point
Orlando, Fl. 33825-7430

Mailing Address:

1431 Amaryllis Cir. Cypress Point
Orlando, Fl. 33825-7430

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:

IVAN SERRANO

Name

1431 Amaryllis Cir. Cypress Point

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

Orlando FL 33825-7430

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)

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STATE OF FLORIDA
DEPARTMENT OF REVENUE

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" - Manager	
"MGRM" - Managing Member	
<u>MGRM</u>	<u>Anibal G. Serrano</u> <u>1431 Amaryllis Cir. Cypress Point</u> <u>Orlando, FL 32825-7430</u>
<u>MGR</u>	<u>Iván R. Serrano</u> <u>1431 Amaryllis Cir. Cypress Point</u> <u>Orlando FL 32825-7430</u>
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(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.)

Anibal Serrano

Typed or printed name of signer

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)

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STATE OF FLORIDA
SECRETARY OF STATE