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COVER LETTER

TO: Registration Second Division of Co				
SURJECT: AG CO	NSTRUCTION LLC.			
(Name of Limited Liability Company)				
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
OLGA MA	RIA ROQUE			
	(Name of Person)	-	
HOMES O	F AMERICA TITLE (CORPORATION		
(Firm/Company)				
1414 N.W. 107 AVENUE SUITE 214				
		(Address)		
MIAMI FLORIDA 3172				
	(City	/State and Zip Code)		
For further information	concerning this matter, please	call:		
OLGA MARIA ROQUE		n		
(Name of Person)		(Area Code & Daytime To		
Enclosed is a check for	or 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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

RIICLES OF ORGANIZATION FOR FI	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
AG CONSTRUCTION, LLC	
(Must end with the words "Limited Liability Company, "Limit	ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1150 NW 72 AVENUE SUITE PH	1150 NW 72 AVENUE PH
MIAMI FLORIDA 33126	MIAMI FLORIDA 33126
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the registration.	tered Agent. You must designate an individual or another
OLGA MARIA ROQUE	
Name	
1414 N.W. 107 AVENUE S	
	lress (P.O. Box <u>NOT</u> acceptable)
MIAMI FLORIDA 33172 City, State, a	FL and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of all arformance of my duties, and I am familiar with and stered ligent as provided for in Chapter 608, F.S
(CONTIN	
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	Name and Address:
"MGRM" = Managing Member	
GAIL CARDONA MGR, MGRM	13640 NW 102 LANE MIAMI FL 33186
OCTAVIO AMBROGI MGRM	5257 WEST 24 COURT HIALEAH FLORIDA 33016
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	e date of filing:
REQUIRED SIGNATURE:	2/
Signature of a memb	er or an authorized representative of a member.
(In accordance with se of this document cons that the facts stated	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)
GAIL CARDONA, M	
T	yped 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)