LU6000054070

(Re	questor's Name)	
(Ad	dress)	
. (Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	JX	

Office Use Only



700075083547

05/25/06--01042--018 **130.00

RECEIVED

OF HAY 25 PH 2: 15

OF HAY 25 PH 2: 15

OO6 MAY 25 PM 4: 08

COVER LETTER

TO: Registration S Division of Co			`	
SUBJECT:	40 (C) (C) (C)	Kon Construction Liability Company)	ion LLC	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.		
Please return all corres	pondence concerning this mat	ter to the following:		
	Ron Ber	field		
		(Name of Person)		
		(Firm/Company)		
	58 Sioux	Circle	2006 TAL	77
•	. 1	(Address)	LAHASS	The state of the s
A	Havana M	32333	55.5	177
	/ (Cit	y/State and Zip Code)	Fig. 7	
For further information	concerning this matter, please	e call:	STATE	11:08
Ron B	penfield e of Person)	at (830) 53 (Area Code & Daytime T	9-5771	
Enclosed is a check i	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	Street/Courier Addres	<u>18</u>	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:
Rancisco Backon Construction 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:
1492 Knoxville In 1492 Knoxville Ln Fallahassee, A 32304 Tallahassee, A 32304
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:
Ron Benfie H
Name
Name Name Sioux Circle
Name 58 Sioux Citcle Florida street address (P.O. Box NOT acceptable)
58 Sioux Circle Florida street address (P.O. Box NOT acceptable) Havana FL 32333
Florida street address (P.O. Box NOT acceptable)

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

<u>[itle:</u> MGR" = Manager MGRM" = Managing Memb	Name and Address:
MGRM	Federico Galbes 1492 Knoxville In
MGRM	Santiago Galbes 1492 Knoxville Ln
MGKM	Pascual Galbes 1492 Knoxville Ln
	than the date of filing: (OPTIO
EV: Effective date, if other ective date is listed, the date	than the date of filing: (OPTIO must be specific and cannot be more than five business
LE V: Effective date, if other	than the date of filing: (OPTIO must be specific and cannot be more than five business
LE V: Effective date, if other ective date is listed, the date days after the date of filing.)	than the date of filing: (OPTIO must be specific and cannot be more than five business
LE V: Effective date, if other ective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE:	than the date of filing: (OPTIO must be specific and cannot be more than five business
LE V: Effective date, if other ective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of this document of this document.	than the date of filing: (OPTIO must be specific and cannot be more than five business Law Blob

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)