

Division of Corporations

Page 1 of 1

**L06000069304**

Florida Department of State  
Division of Corporations  
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## Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : ARES & COMPANY, C.P.A., P.A.  
Account Number : I20000000268  
Phone : (305) 229-8256  
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**DETECTIVE DATE**  
**7/10/06**

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DIVISION OF CORPORATIONS

**FLORIDA/FOREIGN LIMITED LIABILITY CO.****C.I.G. BUILDERS, L.L.C.**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 02       |
| Estimated Charge      | \$155.00 |

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July 12, 2006

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ARES & COMPANY

SUBJECT: C.I.G. BUILDERS, L.L.C.  
REF: W06000030818

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6851.

Gina McLeod  
Document Specialist

FAX Aud. #: H06000177413  
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*Attached corrected date.*

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P.03

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APR-26-2006 11:56 AM ARES

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P.02

(H06000177413 3)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

C.I.G. BUILDERS, 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:

6460 SW 8TH STREET  
WEST MIAMI, FL 33144

#### Mailing Address:

6460 SW 8TH STREET  
WEST MIAMI, FL 33144

### 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:

MAXIMO F. CORZO

Name

6460 SW 8TH STREET

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

WEST MIAMI, FL 33144

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)

Page 1 of 2

(H06000177413 3)

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P.04

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P.03

(H06000177413 3)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

MAXIMO F. CORZO

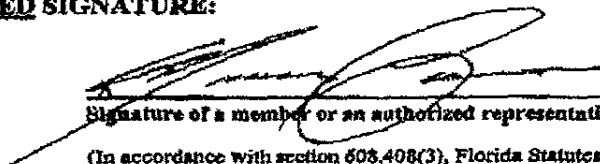
6460 SW 8TH STREET

WEST MIAMI, FL. 33144

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 07/10/06 (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 603.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MAXIMO F. CORZO

Typed or printed name of signee

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