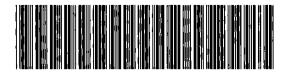
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COVER LETTER

TO:	Registration Se Division of Co	ection orporations						
SUBJE	ст:	Maria	Name of Limite	d Liabi	LLC lity Company)			
The end	closed Articles o	f Organizati	ion and fee(s) are	submitte	ed for filing.			
Please r	eturn all corresp	ondence co	ncerning this matt	er to the	following:			
			Ron B	ent	field			
		ļ	(Name of	f Person)			
		ļ						
_				(Firm/Co	ompany)			
	6	8	ioux Ci	ecle	2			
_			joux Ci	(Add	ress)			
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_			(City	/State ar	nd Zip Code)	· · · · · · · · · · · · · · · · · · ·		
For first	har information	200000000000000000000000000000000000000	this matter, please	والم				
roi fuita		concerning	mis maner, picase	can:				
	Bon	Benit	reld	at (9-5171		
	(Name	of Person)			(Area Code & Daytime To	elephone Number)		
Enclose	d is a check fo	r the follow	wing amount:					
\$125.	00 Filing Fee	\$130. Certificat	00 Filing Fee & te of Status	Certi	155.00 Filing Fee & fied Copy is enclosed)	\$160.00 Fi Certificate of Certified Cop (additional copy	Status & S	
		Division P.O. Box	on Section of Corporations		Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	NY OF STAIL	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited L	iability Company is:			
Mario	Tejada	LLC		
ARTICLE II - Address:		Company" or their abbreviation "LLC," or "L.C		y is:
Principal Office Address:		Mailing Address:		
2215 W Jeffer Duincy, A 32	son St Lot 34 0351	2215 W Jefferson St Quincy, FI 32351	<u>L</u> ot 3	34
ARTICLE III - Registere (The Limited Liability Company can business entity with an active Flori	nnot serve as its own Register	Office, & Registered Agent's Signal red Agent. You must designate an individual or a	ture:	
The name and the Florida's	treet address of the reg	M ⁻	2 P	Ti Ti
	Name 58 Sidux	Circle	AMIL: 45	
-	. 1	ess (P.O. Box <u>NOT</u> acceptable)		
	Flavana City, State, and	<u>FL 30333</u> d Zip		
liability company at the	place designated in thi	cept service of process for the above s s certificate, I hereby accept the appo I further agree to comply with the pro	intment a	ıs

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>Title:</u> "MGR" = Mana "MGRM" = Ma		Name and Address:
morm		Mario Tejada 2215 W Jefferson St Lot 34 Quincy, Pl 38351
MGRM		JORGE PEREZ 2215 W Jefferson St Lot 34 Duincy, Pe 32351
MGRM		DSCAR HERNANDEZ 2215 W Jefferson St Lot 34 Quiacy, Fl 32351
(Use attachment		
LE V: Effective ffective date is lis days after the d	date, if other than the sted, the date must ate of filing.)	ne date of filing: (OPTIONA be specific and cannot be more than five business day
LE V: Effective	date, if other than the sted, the date must ate of filing.)	
LE V: Effective ffective date is lis days after the d	date, if other than the sted, the date must ate of filing.) GNATURE:	