06000082686

(Requestor's Name)
(Address)
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(
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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08/21/06--01027--016 **160.00

08/14/06

SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
06 AUG 21 PM 2: 11

J. BRYAN AUG 2 2 2006



COVER LETTER

TO:

Registration Section

Division of C	Corporations		
SUBJECT: UN	ITED CONTRACTORS	OF FLORIDA, LLC	
	(Name of Limite	d Liability Company)	
			0
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.	OF AUG
Please return all corre	spondence concerning this matte	er to the following:	· ·
		A BARBERENA	
	(Name of Person)	
	UNITED CO	NTRACTORS OF FLO	RIDA, LLC
		Firm/Company)	KIDA, DUC
	`	· and company)	
	530 PENTA	COURT	- management of the second of
		(Address)	
	WESTON, F	L 33327	
	(City	/State and Zip Code)	
For further informatio	n concerning this matter, please	call:	
FERNANDO B	ARBERENA	at (954) 608-5	474
	ne of Person)	(Area Code & Daytime T	
Enclosed is a check	for the following amount:		
□ \$125.00 Filing Fe	e \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	X \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address	

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

Street/Courier Address
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY CO	MARAN
RTICLES OF ORGANIZATION FOR FLOARTICLE I - Name: The name of the Limited Liability Company is:		AUG 21 PA
UNITED CONTRACTORS OF FLO Must end with the words "Limited Liability Company, "Limited		PH 2:11
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
530 PENTA COURT WESTON, FL 33327	P.O. BOX 268735 WESTON, FL 33326	······································
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signatured Agent. You must designate an individual or another the signature of	re:
The name and the Florida street address of the re	egistered agent are:	EFFECTIVE DATE
ALEXANDRA BARB	ERENA	08/14/06
530 PENTA COUR' Florida street add	T ress (P.O. Box <u>NOT</u> acceptable)	
WESTON City, State, as	FL 33327 nd 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

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

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

Title:	Name and Address:
"MGR" = Manager	92.0
"MGRM" = Managing Memb	er G
	ALEXANDRA BARBERENA 530 PENTA COURT
MGRM	ALEXANDRA BARBERENA
	WESTON, FL 33327
	*
MGRM	CARLOS FABIAN PARDO
	2009 SW 25 ST.
	MIAMI, FL 33133
MGR	FERNANDO ANDRES BARBERENA
	530 PENTA COURT
	WESTON, FL 33327
(Use attachment if necessary)	
(Ose attachment if necessary)	
CT TO Mr. Toffcation data if athers	than the data of filings 00 /14 /2006 (ODTIONIAL)
	than the date of filing: 08/14/2006 (OPTIONAL)
	must be specific and cannot be more than five business days prior
0 days after the date of filing.)	
REQUIRED SIGNATURE:	
4	Vdolba X
	par / -
Sign ature of	a niember or an authorized representative of a member.
• 0	
	e with section 608.408(3), Florida Statutes, the execution

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

ALEXANDRA BARBERENA
Typed or printed name of signee