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(Requestor's Name)			
(Addroca)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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COVER LETTER

TO: Registration Se Division of Co			•
SUBJECT:	And (Name of Limite	ed Liability Company)	struction
The enclosed Articles of	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Roca	7do 5	Name of Person)	#
RA		Construc (Firm/Company)	
148	. \	treet	
	:	(Address)	
Apala	chicola	FLorida //State and Zip Code)	32320
•	(City	//State and Zip Code)	•
For further information	concerning this matter, please	call:	
Ricardo	Rivera of Person)	at (<u>\$\$0</u>) <u>\$78</u> (Area Code & Daytime T	7-39LO Telephone Number)
` .		·	•
Enclosed is a check for	or the following amount:		
ρ \$125.00 Filing Fee	ρ \$130.00 Filing Fee & Certificate of Status	ρ \$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 Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is	:
Rand R construction of the Words "Limited Liability Company, "Limited Liability Company," Limited Liability Company, "Limited Liability Company," Liability Company, "Liability Company, "Liab	
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
SAME	148 15th Street Applicate FL. 32320
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	stered Agent. You must designate an individual or another
The name and the Florida street address of the Recardo Name	Rivera SEP - 8 AHASSE
Florida street ad Apolachicol City, State,	Idress (P.O. Box NOT acceptable) FL 32320 and Zip
Having been named as registered agent and to	accept service of process for the above stated limite

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)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address: Ricardo Rivera 5
MBRM	148 15th Street Apalachicola, FL 32320
· .	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the configuration (If an effective date is listed, the date must be prior to or 90 days after the date of filing.)	date of filing: (OPTIONAL) be specific and cannot be more than five business day
REQUIRED SIGNATURE: Signature of a member	OG SEP 8 OF ALL AHAS STARY OF an authorized representative of a member SSTARY
(In accordance with section of this document constituent that the facts stated here.	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury
Filing Fees:	
\$125.00 Filing Fee for Articles of Organi	ization and Designation

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

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

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