L06000122534

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL .
(Bu	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only



800082663818

12/26/06--01013--016 **125.00

Effective Date 1/1/07

B. Todock DEC 27 Miles

DIVISION OF CORPORATIONS

06 DEC 26 AM 9: 07

COVER LETTER

TO:	Registration Se Division of Co	ection rporations				
SUBJE	e c t.	REMO CONS	TRU	CTION,	LLC	
30131		(Name of Limited				
The en	closed Articles o	f Organization and fee(s) are so	ubmitte	d for filing	g.	
Please	return all corresp	ondence concerning this matte	r to the	following	; :	
		H. Lisse	tte Bı	ustama	ante	
		(1	Name of	Person)		
		Shared Mana	agem	nent Gr	oup, LLC	;
		((Firm/Co	ompany)		
		4863 Palm Co	oast F	Parkwa	ay, NW #	¥ 1
			(Addı	ress)		
		Palm Co	oast,	FI 32	137	
		(City.	/State an	nd Zip Code	e)	
For fur	ther information	concerning this matter, please	call:			
	H. Lisssett	e Bustamante	at (386	, 445-161	1
	(Name	of Person)	((Area Cod	e & Daytime 1	'elephone Number)
Enclos	sed is a check fo	or the following amount:				
⊈ \$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certi	ified Cop	iling Fee & y 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		Registrati Division Clifton B 2661 Exc	ourier Addre ion Section of Corporatio building coutive Cente see, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	.//	10,1
The name of the Limited Liability Compa	any is: Effective Date \\\\ FRUCTION, LLC	\
	Effective	
REMO CONST	TRUCTION, 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 Liabil	lity Company is
Principal Office Address:	Mailing Address:	
39 Pinehaven Drive, #A	39 Pinehaven Drive, #A	
Palm Coast, FI 32164	Palm Coast, FI 32164	
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address o		or unother
	Bustamante	90 91Vig
Ti. Lissotte	Name	S DEC
4863 Palm Coast Parkway, NW #1		C 26
Florida st	reet address (P.O. Box <u>NOT</u> acceptable)	AM
Palm Coast, FL 32137		
• 1	State, and Zip	9: 07
naonny company at the place designal	nd to accept service of process for the abo ed in this certificate, I hereby accept the ap apacity. I further agree to comply with the	ve stated limile ppointment as

Registered Agent's Signature (REQUIRED)

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..

(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:

"MGR" = Ma		Name and Address:	
"MGRM" = N	Aanaging Member		
MGR - PRE	: ए	Jose Antonio Toledo	
1 120	·	39 Pinehaven Drive, #A	
		Palm Coast, Fl 32164	
			
		Na-ra-1880, - 1870, - 1911	
		 	
			
	~		· · · · · · · · · · · · · · · · · · ·
			
	nt if necessary) ve date, if other than the d	late of filing: 01/01/07	. (OPTIONAL)
CLE V: Effective	ve date, if other than the d listed, the date must be	late of filing: 01/01/07 specific and cannot be more than five	(OPTIONAL) e business days j
CLE V: Effective	ve date, if other than the d listed, the date must be	late of filing:01/01/07 specific and cannot be more than five	(OPTIONAL) e business days [
CLE V: Effective	ve date, if other than the d listed, the date must be	late of filing: 01/01/07 specific and cannot be more than five	(OPTIONAL) e business days p
CLE V: Effective of the control of t	ve date, if other than the d listed, the date must be	late of filing: 01/01/07 specific and cannot be more than five	(OPTIONAL) e business days p
CLE V: Effective of the control of t	ve date, if other than the disted, the date must be date of filing.)	late of filing: 01/01/07 specific and cannot be more than five	(OPTIONAL) e business days p
CLE V: Effective effective date is 00 days after the	ve date, if other than the disted, the date must be date of filing.)	late of filing: 01/01/07 specific and cannot be more than five	(OPTIONAL) e business days p
CLE V: Effective of the control of t	ve date, if other than the disted, the date must be date of filing.) SIGNATURE:	specific and cannot be more than five	e business days p
CLE V: Effective of the control of t	ve date, if other than the disted, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with sections)	or an authorized representative of a membion 608.408(3), Florida Statutes, the execution at an affirmation under the penalties of periods.	e business days p
CLE V: Effective of the control of t	ve date, if other than the disted, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with section of this document constitution that the facts stated her	or an authorized representative of a membion 608.408(3), Florida Statutes, the execution at an affirmation under the penalties of periods.	e business days p