

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000052526 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone

Fax Number

: (305)552-5973 : (305)220-1440

DRIDA/FOREIGN LIMITED LIABILITY CO.

CONTRACTORS & INVESTORS GROUP LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filling Menu

Help

FEB 2 8 2007

FŖOM: LAZARUS

09/23/2006 08:42 3059695509

FAX NO. :3052201440

GINA SARDLY

Feb. 27 2007 11:57AM P2 PAGE 02

H 0 7 0 0 0 0 5 2 5 2 6

ARTICLES OF ORGANIZATION FOR	FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company	y is:
Contractors & Inve	stors Group LLC Limited Company" or their hobroviation "LLC," or "L.C.")
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11369 SW 238 St Homestrad, TL 33032	1080/ NW 50 St #307 0
IDS 0 NW Florida strong Dora City, So Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position of	the registered agent are: Hif Uza-legui Saab lame 50 st # 30 7 et address (P.O. Box NOT acceptable) Fi. 33128 tate, and Zip d to accept service of process for the above stated limited lin this certificate, I hereby accept the appointment as sacity. I further agree to comply with the provisions of all fe performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S
(CON	TINUED)

(CONTINUED)
Page 1 of 2
H 0 7 0 0 0 0 5 2 5 2 6

FROM : LAZARUS 4 1 4 2 1 5 E

FAX NO. :3052201440 Feb. 27 2007 11:57AM P3

09/23/2006 88:42 305959595

GINA SARDUY

PAGE 03

H07000052526

Title: "MOR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Rommel Latif Uzcateguis. 10801 NW 50 St = 307 Dorol, 12 33178
	A CONTRACTOR OF THE PARTY OF TH
LE V: Effective date, if other than the	
(Use attachment if necessary) LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	e date of filing:
LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	er or an authorized representative of a member.
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document const	er or an authorized representative of a member. Section 608.408(3), Plorida Statutes, the execution thintes an affirmation under the penalties of perjury herein are true.
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document constitute that the facts stated in the facts stated	er or a authorized representative of a member. exting 608.408(3), Plorida Statutes, the execution titules an affirmation under the penalties of perjury harrein are true.) ALA 9/19 ALA

Page 2 of 2