Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name : HUBCO

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Phone : (516) 935-3940

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## LORIDA/FOREIGN LIMITED LIABILITY CO.

Garcia Installation Marble and Granite LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

he name of the Limited Liability Company is: Garcia Installation Marble and Granite LLC

ARTICLE II - Address
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2285 Mash Hawk Lane, Bld. 18 308

Orange Park, FL 32003

Orange Park, FL 32003

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature The name and Florida street address of the registered agent are:

Agnaldo Garcia

Name

2285 Mash Hawk Lane, Bld. 18 308

(P.O. Box or Mail Drop Box NOT Acceptable)

Orange Park, FL 32003

(City / State / 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 - Agnaldo Garcia

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

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

<u>Title:</u> "MGR"=Manager "MGRM"≈Managing Member	Name and Address:		
MGRM	Agnaldo Garcia-2285 Mash Hawk Lane, Bld. 18 308, Ora	nge Park, FL 3200	13
(Use attachment if necessary)			
REQUIRED SIGNATURE:	AALON	٠,	
	018.1	٠.	
Signature	of a member or authorized representative of a member.	• • •	•
	ace with section 608.408(3), Florida Statutes, the execution of another section of the state of perjury that the care true. )		

Typed or printed name of signee

SECRETARY OF STATE
SICRETARY OF STATIONS
DIVISION OF CORPORATIONS

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