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DIVISION OF SORPORATIONS

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TO ACKNOWLED SECRETAR.

## **COVER LETTER**

TO: Registration Section Division of Corporations Francing Construction LLC
(Name of Limited Liability Company) The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Leopoldo M Garcia (Name of Person) (Firm/Company) 9820 NE 16th St.
(Address) For further information concerning this matter, please call: (Area Code & Daytime Telephone Number)

Enclosed is a check for 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)

ρ \$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 Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

Lea M. Framing Construction LhC

(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 Liability Company is:

Principal Office Address:	Mailing Address:
9820 NE 16th 5t Okee chabee Fl. 34924	Po. Box 81 Quincy F1 32353

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Leopoldo M Garcia
Name
9820 NE 16+4 ST
Florida street address (P.O. Box NOT acceptable)
Okechobee FL 34974
City, State, and 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..

Page 1 of 2

Registered Agent's Signature (REQUIRED)

(CONTINUED)

TALLARY OF STATE

(CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Leopoldo M Garcia 9820 NF 16th St Okeecho bee Fl. 349
·	
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OPTION nust be specific and cannot be more than five busing.)
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of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)