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| (Requestor's Name) | |
|---|---------------------|
| (Address) | |
| (Address) | |
| (City/State/Zi | p/Phone #) |
| PICK-UP W | AIT MAIL |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Cer | tificates of Status |
| Special Instructions to Filing Officer: | |
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SECRETARY OF STATE DIVISION OF CURPORATION

TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--|
| SUBJECT: 2ADVANCED CONSTRUCTION SERVICES, LLC (Name of Limited Liability Company) | | |
| The enclosed Articles of Organization and fee(s) are | submitted for filing. | |
| Please return all correspondence concerning this mat | ter to the following: | |
| IGNACIO HUERGO | | |
| | (Name of Person) | |
| IGNACIO HUERGO, CPA, MBA | | |
| | (Firm/Company) | |
| 1979 PARK PLACE | | |
| | (Address) | |
| BOCA RATON, FL. 33486 | | |
| (Cit | y/State and Zip Code) | |
| For further information concerning this matter, please | e call: | |
| IGNACIO HUERGO | _at (305) 978-7813 | |
| (Name of Person) | (Area Code & Daytime To | elephone Number) |
| Enclosed is a check for the following amount: | | |
| □ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| STREET ADDRESS: Registration Section Division of Corporations | MAILING A Registration S Division of C | ection |
| 409 E. Gaines Street Tallahassee, Florida 32399 | P.O. Box 632 Tallahassee, F | 7 . |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liebility Company is | | |
|---|---|------------------------------------|
| The name of the Limited Liability Company is | : | |
| 2ADVANCED CONSTRUCTION SERVICES, LLC | · | |
| ARTICLE II - Address: The mailing address and street address of the p | orincipal office of the Limited Liabili | ty Company is: |
| Principal Office Address: | Mailing Address: | • |
| 21176 SHADY VISTA LANE | 21176 SHADY VISTA LANE | |
| BOCA RATON, FL. 33428 | BOCA RATON, FL. 33428 | |
| ARTICLE III - Registered Agent, Registere | d Office & Desistered Assetts Sis | |
| | ed Office, & Registered Agent's Sig | |
| The name and the Florida street address of the | | |
| The name and the Florida street address of the XERXES FRECHIANI. | | |
| | registered agent are: | SECRETARY DIVISION OF C |
| XERXES FRECHIANI. | registered agent are: | SECRETARY DIVISION OF CO |
| XERXES FRECHIANI. Name 21176 SHADY VISTA LANE | registered agent are: | SECRETA DIVISION OF 07 HAY 1 |

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

(CONTINUED)

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

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

| <u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Member | Name and Address: | |
|--|---|--|
| MGR M | XERXES FRECHIANI 21176 SHADY VISTA LANE BOCA RATON, FL. 33428 | |
| · · · · · · · · · · · · · · · · · · · | | |
| | | |
| | | |
| (Use attachment if necessary) | | |
| NOTE: An additional article m | ust be added if an effective date is requested. | |
| REQUIRED SIGNATURE: | | |

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

XERXES FRECHIANI χ_0

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \circ

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