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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO:

TO: Registration S Division of Co						
CUDIECT.	RDL BUILDI	ERS GROUP, L	LC			
SUBJECT:		Liability Company)				
The enclosed Articles of	f Organization and fee(s) are sul	bmitted for filing.				
	ondence concerning this matter	-				
•	Rogeli	o D. Lambo				
Rogelio D. Lambo (Name of Person)						
	RDL BUILDE	ERS GROUP, LI	_C			
(Firm/Company)						
	8235 Woo	odsworth Drive				
		(Address)				
		Florida 32817 State and Zip Code)				
	(Cily/o	nate and 25p code)				
For further information concerning this matter, please call:						
Rogelio D. L	ambo	at (407) 797- 6 (Area Code & Daytime T	713			
(Name	of Person)	(Area Code & Daytime T	elephone Number)			
Enclosed is a check for	or the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy 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	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limite	d Liability Company is:	
ARTICLE II - Address The mailing address and	RDL BUILDERS GROUP, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") CLE II - Address: uiling address and street address of the principal office of the Limited Liability Company is: mal Office Address: Mailing Ad	
Principal Office Addre	ess:	Mailing Address:
8235 Woodsworth Drive Orlando, FL 32817		
business entity with an active	Florida registration.) da street address of the re	egistered agent are:
		·····
	Orlando	, _{FL} 32817
liability company at registered agent and ag statutes relating to the	the place designated in to gree to act in this capacity e proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2 SECRETARY OF STATE

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

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

IGR	ROGELIO D. LAMBO	
	8235 Woodsworth Drive	
	Orlando, FL 32817	
		<u> </u>
Use attachment if necessary)		
EV: Effective date, if other than t	the date of filing: (OP	TION

REQUIRED SIGNATURE:

Signature of almember 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.)

ROGELIO D. LAMBO

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)