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(Re	questor's Name)	<u> </u>	
(Add	dress)		
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PICK-UP	WAIT	MAIL	
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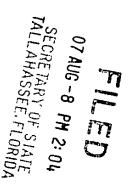


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	OCUMENT NUMBER(S), (if known):	
- DELTA CON.	STRUCTION 11C	
(Corporation Name)	(Document #)	
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(Corporation Name)	(Document #)	·
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Walk in Pick up time	e <u>3.80</u> Certified Copy	y
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W FILINGS	<u>AMENDMENTS</u>	
Profit	Amendment	
Not for Profit	Resignation of R.A., Officer/Director	
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
HER FILINGS	REGISTRATION/QUALIFICATION	•
Annual Report	Foreign	
Fictitious Name	Limited Partnership	
	Reinstatement	
	Trademark	
•.	Other	
	Γ	
	Evaminar's Init	tiale

ARTICLES OF ORGANIZATION FOR I	LORIDA LIMITED LIABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liability Company i	S: CTION LLC.		
P-DELTA CONSTRU	Office Contractions		
ARTICLE II - Address:	principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
269 CAMERON DR WESTON, PL 33326	SAME		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registerest entity with an active Florida registration.)			
The name and the Florida street address of the	e registered agent are:		
ORESTE LAMBOGLIA			
Name			
269 CAMERON DR.			
Florida street address (P.O. Box NOT acceptable)			
WESTON FL 33326 City, State, and Zip			
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p accept the obligations of my position as reg	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S.		
Registered Asent's Sign	ature (REQUIRED)		

(CONTINUED) Page 1 of 2

The name and address of each Manag	er or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM MGR	ORESTE LAMBOGLUA 769 CAMERON DR. WESTON, PL 33326
MGR	LILIANA E. ANGEL 269 CAMERON DR WESTON, PL 33326
	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
	r or an authorized representative of a member.
of this document constitute that the facts stated h	MBOGLIA
Туу	ped 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)

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