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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Division of Corpo			
SUBJECT: PAVIN		CTING SERVIC	es LLC
	(Name of Limit	ed Liability Company)	
The enclosed Articles of O	rganization and fee(s) are	submitted for filing.	
Please return all correspond	lence concerning this matt	ter to the following:	
HUMBERT			
PAVING &		(Name of Person) G SERVICES	LIC
	SW. 19	(Firm/Company)	2001 OCT 10 SECRETARY
		(Address)	RY OF
Mı	AM- FL	. 33155	Les de L
	(City	/State and Zip Code)	ORAT TO
For further information con-	cerning this matter inlease	cell.	50 TE 1DA
			1 2001
HUMDERTO PER	 	at ()OS // ((Area Code & Daytime T	6-806V
(NAME OF F	CISOH)	(Area Code & Dayume 1	etephone rumber)
Enclosed is a check for th	e following amount:		
□ \$125.00 Filing Fee C	\$130.00 Filing Fee & ertificate 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)
R D P	falling Address egistration Section livision of Corporations O. Box 6327 allahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CONTRACTING SERVICES LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C,")

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
MBEKTO TEREZ	7270 SW. 19 TERR. MIMM1-FL. 3.
	<u> </u>
RTICLE III - Registered Agent, Refine Limited Liability Company cannot serve as its	egistered Office, & Registered Agent Signature:
business entity with an active Florida registration.	
he name and the Florida street addres	is of the registered agent are:
AGUSTINA RO	OMERO PO PO
- 7	Name
53' TAM!	AMI CANAL RO. S. S.
	a street address (P.O. Box NOT acceptable)
1 A	
MIAMI	FL 33155

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	HUMBERTO F. PEREN
	
	Zal S& JAL
	CRE ARY
(Use attachment if necessary)	50 IDA
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days p
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	ne date of filing: (OPTIONAL)

Page 2 of 2

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

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