

Nov 13 2007 4:12

ECFS

305444

P. 1

Division of Corporations

Page 1 of 1

L07000114371

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000278418 3)))



H070002784183ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

07 NOV 13 PM 2:57

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

A PLUS STUCCO, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

07 NOV 13 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

(((H07000278418)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I -**

Name: The name of the Limited Liability Company is:

A PLUS STUCCO, LLC

(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:

321 NE 175 STREET
MIAMI, FL 33162

Mailing Address:

321 NE 175 STREET
MIAMI, FL 33162**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:

LUZ MARY COLON

Name

321 NE 175 STREET

Florida street address (P.O. Box NOT acceptable)

MIAMI, FL 33162
FL 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


Registered Agent's Signature (REQUIRED)

07 NOV 13 PM 2:57

FILED
SECRETARY OF
DIVISION OF
CORPORATION

(((H07000278418)))

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

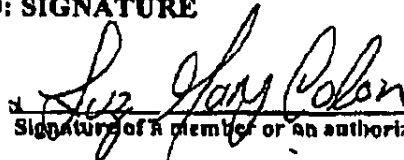
Title:**Name and Address:****"MGR" = Manager****"MGRM" = Managing Member****MGR**

**LUZ MARY COLON
321 NE 175 STREET
MIAMI, FL 33162**

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:----- (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

LUZ MARY COLON
Typed or printed name of signer