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(Requestor's Name)		
(Address)		
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(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Durings 5-1/2-1/2-1)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
L. SELLERS		
L. SELLERS		
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SECRETARY OF STATE
TALL ANARCHE, ELORIOZ

COVER LETTER

	tion Section of Corporations		
SUBJECT:	ARIOS WAIKER Construction "LLC." (Name of Limited Liability Company)		
The enclosed Artic	cles of Organization and fee(s) are submitted for filing.		
Please return all co	orrespondence concerning this matter to the following:		
Cp	ROS WAIKER (Name of Person)		
CAR	OS WALKER Construction "LLC,"		
232.	5 N. CRYSTAL LK. DRIVE		
LAKElAND, Florida 33801 (City/State and Zip Code)			
	(3		
For further inform	ation concerning this matter, please call:		
CARlos	Name of Person) at (863) 712 1698 (Area Code & Daytime Telephone Number)		
'	(Alea Code de Dayunte Telephone Pulhoce)		
Enclosed is a che	eck for the following amount:		
∑\$ 125.00 Filing I	Fee \$\int_\$130.00 Filing Fee & \$\int_\$\$155.00 Filing Fee & \$\int_\$\$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
CARIOS WAIKER CONSTRUCTION "LLC," (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Iailing Address:			
2325 N. CRYSTA) LK. DR. LAKELAND, FLORIDA 33801	1315 N. CRYSTAL LK. DR. LAKELAND, Florida 33801			
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:				
CARIOS WAIKER				
Name				
2325 N. (Rusta) Lk. DR. Florida street address (P.O. Box NOT acceptable)				
LAKE/And FL 33801				
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 (1	Ken 28 28 REQUIRED)			
	AHE SEE O P			
(CONTINUEI				
Page 1 of 2	ORI C			

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

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	CARIOS WALKER 2325 N. CRYSTA Lk. DAIVE LAKELAND, Florian. 33801
	date of filing: June 4, 2008. (OPTIONAL) 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.)

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)

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