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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Chariel Instructions to Fi	Una Officer	
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Office Use Only



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DEPARTMENT OF STATE
DIVISION OF CORNORATIONS
TALL/MASSEE, FLORIDA

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ECRETARY OF STAT

FILED

D. BRUCE

SEP 16 2008

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	(Name of Limit	Construction Liability Company)	hhc	-
The enclosed Articles of	Organization and fee(s) are	submitted for filing.		
Please return all correspondent	ondence concerning this mat	ter to the following:		
	Susan	na E Zambr (Name of Person)	rano	 ,
	Talla	hassee Consta	ruction b	hc
	2156 E	Park AVE	ŽEC EL	08
· 	Tallah	ussee f/ 32 y/State and Zip Code)	AHASSEE	6 P
For further information of	concerning this matter, please		FLORID	Ot C
	of Person)	at (<u>850</u>) <u>274 -</u> (Area Code & Daytime Tele	9936 >> phone Number)	•
	r 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 F Certificate of Sta Certified Copy (additional copy is e	atus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company i	s:
ha Piedad	
Tallahassee Const	truction the
(Must end with the words "Limited Lia	bility 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:	Mailing Address:
Susana E Zambrano 2156 E Park AVE Tallahassee, Fl 32301	SAMC
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	ed Office, & Registered Agent's Signature: istered Agent. You must designate an individual or another
The name and the Florida street address of the	
	Doarez SA = ==
2156 E	Park AVE
Florida street a	ddress (P.O. Box NOT acceptable)
City, State	, and Zip
	accept service of process for the above stated limited

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)

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR_	Susana E Zambrano 2156 E Park AVE Tallahassee, F/32301
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be spaced to or 90 days after the date of filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	EP 16 PM 1 E TARY OF S HASSEE, FL
(In accordance with section of this document constitute that the facts stated here.	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)
SUSO Typed	ana E Zambrano 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)