L08000096439

(Requ	uestor's Name)	
(Addı	ress)	
(Addr	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doci	ument Number)	·
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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OR OCT TO PRIZE STATE OF STATE

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NOVEMBER OF STAIL

B. KOHR
OCT 13 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 10, 2008

RON BENFIELD 58 SIOUX CIRCLE HAVANA, FL 32333

SUBJECT: S J CONSTRUCTION SERVICES LLC

Ref. Number: W08000046824



We have received your document for S J CONSTRUCTION SERVICES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$130.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved corporation. The name of a voluntarily dissolved corporation is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved corporation provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 908A00053385

COVER LETTER

TO:

Registration Section

Division of C	Corporations		
SURJECT: SJC	ONSTRUCTION S	SERVICES LLC	
		ted Liability Company)	
The enclosed Articles	of Organization and fee(s) are	submitted for filing	
		-	_
Please return all corres	spondence concerning this made	tter to the following:	70.08
RON BEN	NFIELD		
 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Name of Person)	3
			08 OCT 13 AM 11: 03
<u></u>		(Firm/Company)	
58 SIOLI	X CIRCLE		
30 31007	CONCL	(Address)	<u> </u>
		(i tabless)	•
HAVANA	, FL 32333		
	(Ci	ty/State and Zip Code)	
For further information	n concerning this matter, pleas	e call:	
RON BENFIE	LD	at 850 \ 539-5171	1
	ne of Person)	(Area Code & Daytime Tele	
Enclosed is a check t	for the following amount:		
\$125.00 Filing Fee	✓ \$130.00 Filing Fee &	□\$155.00 Filing Fee & □	\$160.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address	
	Registration Section Division of Corporations	Registration Section Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Ci	rcie

Tallahassee, FL 32301

COVER LETTER

TO:	Registration : Division of C			North	•
SUBJ	ECT: SJC	ONSTRUCTION S	SERVICES LLC ted Liability Company)	North Florida	LIC
		(Name of Limi	ted Liaotity Company)		
The er	nclosed Articles o	of Organization and fee(s) are	submitted for filing.		
Please	return all corres	pondence concerning this ma	tter to the following:		
	RON BEN	IFIELD			0,
			(Name of Person)		ST EL
	 		(Firm/Company)		ELLE III. 03
	58 SIOUX	CIRCLE		·	
			(Address)		0
	HAVANA,	FL 32333			v
		· (Ci	ty/State and Zip Code)		
For fu	rther information	concerning this matter, pleas	e call:		
ROI	N BENFIEL	_D	850 \ 539	-5171	
		e of Person)	at ()	ime Telephone Number)	
Enclo	sed is a check for	or the following amount:		•	
□\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Seed) Certified Co	of Status &
		Mailing Address Registration Section Division of Corporations	Street/Courier A Registration Section of Corporation	on	

Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
	·C .
S J CONSTRUCTION SERVICES	EC North Florida LLC
(Must end with the words "Limited Liabil	EL MORIN PIORICOLLIC
(Must end with the words "Limited Light)	ny Company, "L.L.C.," or "LLC.)
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
SAAO ROMPADII DD	2440 2012 4 2 11 2 2
6440 BOMBADIL DR TALLAHASSEE, FL 32303	6440 BOMBADIL DR
TALLAHASSEE, FL 32303	TALLAHASSEE, FL 32303
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
RON BENFIELD	
Name	100 mg
58 SIOUX CIRCLE	· · · · · · · · · · · · · · · · · · ·
	ress (P.O. Box NOT acceptable)
HAVANA,	FI 32333
City, State, a	<u></u>
City, State, a	and Sib
liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Ra BIN	L

(CONTINUED) Page 1 of 2

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	JUAN HERNANDEZ
	6440 BOMBADIL DR
	TALLAHASSEE, FL 32303
MGRM	ROBERTO FLORES
	6440 BOMBADIL DR
	TALLAHASSEE, FL 32303
MGRM	ANDRES DIEGO
	6440 BOMBADIL DR
	TALLAHASSEE, FL 32303
(Use attachment if necessary)	
(Ose acaemical in necessary)	
LE V: Effective date, if other than	the date of filing: (OPTI
	t be specific and cannot be more than five business

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.)

RON BENFIELD

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)