

LD90000003330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

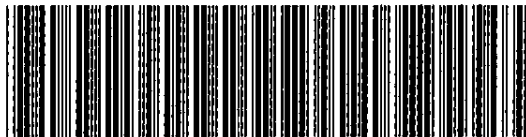
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600140077146

01/09/09--01014--014 \*\*160.00

FILED  
09 JAN -9 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JAN 12 2009

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** High-Wire Framing "LLC."  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia Fernandez  
(Name of Person)

High-Wire Framing  
(Firm/Company)

19548 Apache Street  
(Address)

Sugarloaf Key, FL 33042  
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Fernandez at (305) 849-3021  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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 Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

High-Wire Framing "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:**

**Mailing Address:**

High Wire Framing  
1113 Truman Avenue  
Key West, FL 33040

High Wire Framing c/o Patricia Fernandez  
19548 Apache Street  
Sugarloaf Key, FL 33042

**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:

Patricia Fernandez  
Name

19548 Apache Street  
Florida street address (P.O. Box **NOT** acceptable)

Sugarloaf Key FL 33042  
City, State, and Zip

SECRETARY OF STATE  
ALLAHASSEE FLORIDA

09 JAN - 9 PH 2: 09

FILED

*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..*

Patricia Fernandez  
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:**

<u>mgr.</u>	<u>Patricia Fernandez</u> <u>19548 Apache Street</u> <u>Sugarloaf Key, Fl. 33042</u>
<u>mgrm</u>	<u>Zyssa Morales</u> <u>19548 Apache Street</u> <u>Sugarloaf Key, Fl. 33042</u>
<u>mgrm</u>	<u>Anne Morales</u> <u>19548 Apache Street</u> <u>Sugarloaf Key, Florida 33042</u>
<u>mgrm</u>	<u>Javier Balmaceda</u> <u>19548 Apache Street</u> <u>Sugarloaf Key, Fl. 33042</u>

(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:**

Patricia Fernandez  
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.)

Patricia Fernandez  
Typed or printed name of signee

**FILED**  
09 JAN -9 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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)