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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
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B. KOHR

JAN 26 2009

EXAMINER

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EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name 1000 PONCE DE LEON BLVD. SUITE:101 Address (305) 444-4994 CORAL GABLES, FL 33134 City/State/Zip OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) (Corporation Name) ☐ Walk in Certified Copy Pick up time Photocopy Mail out Will wait Certificate of Status NEW FILINGS **AMENDMENTS** Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILNGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other

Examiner's Initials

ARTICLE I - Nam		P. P.
The name of the Lin	nited Liability Company is	s: 26
		SEE P
	ONCRETE CUTTII	
(Musi	t end with the words "Limited Lial	bility Company, "L.L.C.," or "LLC.")
	l	
RTICLE II - Add		principal office of the Limited Liability Compan
ne mailing address	and street address of the	principal office of the Elimited Liability Compan
rincipal Office Ad	ldress:	Mailing Address:
213 SE 23 TERR		2213 SE 23 TERR
RTICLE III - Re	gistered Agent, Registeren	ed Office, & Registered Agent's Signature: sistered Agent. You must designate an individual or another
RTICLE III - Report of the Limited Liability Conductions and account of the Limited Liability with an account of the Liability with a contrast of the Liability with a cont	gistered Agent, Registeren	ed Office, & Registered Agent's Signature: istered Agent. You must designate an individual or another
ARTICLE III - Report of the Limited Liability Conbusiness entity with an ac	gistered Agent, Registered agent, Registered agent, Registered agent as its own Registre Florida registration.)	ed Office, & Registered Agent's Signature: istered Agent. You must designate an individual or another
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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: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGRM** JOHN ALBERT GARÇIA 2213 SE 23 TERR HOMESTEAD, FL 33035 (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.) JOHN ALBERT GARCIA

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)

Typed or printed name of signee