# L09000058778

(Requestor's Name)
(Address)
` , , , , , , , , , , , , , , , , , , ,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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JUN 17: 2009 EXAMINER

#### **COVER LETTER**

TO:

Registration Section

Division of C	Corporations		
SUBJECT:	Fred Sua	arez Construction, LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles	of Organization and fee(s) are	e submitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Ver	ronica Hernandez	
		Name of Person	
<del>- 100</del> 1		Firm/Company	
	8514	4 N. Gomez Ave.	
		Address	
		ampa, Fl. 33614 ity/State and Zip Code	
	veronica0	003_6445@hotmail.com	
		for future annual report notification)	
For further information	n concerning this matter, pleas	se call:	
	ca Hernandez	at ( 813 491-4041  Area Code & Daytime Telephone Numb	er
	o or reison	Aca coac a Dayante Telephone (vano	Ci
_	for the following amount:		
\$125.00 Filing Fee	✓ \$130.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certified	Filing Fee, te of Status & Copy 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	



June 4, 2009

VERONICA HERNANDEZ 8514 N. GOMEZ AVE. TAMPA, FL 33614

SUBJECT: FRED SUAREZ CONSTRUCTION, LLC

Ref. Number: W09000026248

We have received your document for FRED SUAREZ CONSTRUCTION, 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):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of 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) 245-6047.

Letter Number: 009A00018844

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

### **COVER LETTER**

TO:	Registration Division of C	Section Corporations	
SUBJI	ECT:	Fred Sua	arez Construction, LLC
		Name of Limit	ed Liability Company
The en	closed Articles	of Organization and fee(s) are	submitted for filing.
Please	return all corre	spondence concerning this mat	ter to the following:
		Verd	onica Hernandez
			Name of Person
			Firm/Company
		8514	N. Gomez Ave.
			Address
			mpa, Fl. 33614 y/State and Zip Code
			•
	<del></del>	E-mail address: (to be used	03_6445@hotmail.com for future annual report notification)
For fur	rther information	n concerning this matter, pleas	e call:
		ca Hernandez	at ( 813 491-4041  Area Code & Daytime Telephone Number
	Nam	e of Person	Area Code & Daytime Telephone Number
Enclos	sed is a check	for the following amount:	
<b>]</b> \$125.	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & Cadditional copy is enclosed) 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:			
	ed Liability Company is	s:	
	Fred Suarez Cons	struction, LLC	
(Must en	d with the words "Limited Liab	bility Company," "L.L.C.," or "LLC.")	<u> </u>
ARTICLE II - Addre The mailing address ar		principal office of the Limited	d Liability Company is:
Principal Office Add	ress:	Mailing Address:	
8514 N. Gomez Ave		8514 N. Gomez Ave.	<del></del>
Tampa, Fl. 33614		Tampa, Fl. 33614	<del></del>
The name and the Flor	ida street address of the	_	FILED 2009 JUN 15 PM 2: 51 SECRETARY OF STATE TALLIAHASSEE, FLORIE
	Federico	<del></del>	
	Nam	e	N 15 PH
	3607 1		may no mi
	Florida street address (P.O. Box NOT acceptable)		
<del></del>	Tampa, Fl. 33614	FL	2: 51 1A11 0RH
<del></del>	Tampa, Fl. 33614 City, State,		Z: 54 TATE ORIDA
liability company a registered agent and a statutes relating to th	City, State, as registered agent and to at the place designated in agree to act in this capac the proper and complete p		the above stated limited pt the appointment as with the provisions of all I am familiar with and
liability company a registered agent and a statutes relating to th	City, State, as registered agent and to at the place designated in agree to act in this capac the proper and complete p	and Zip  o accept service of process for  o this certificate, I hereby accepity.  I further agree to comply  overformance of my duties, and	the above stated limited pt the appointment as with the provisions of all I am familiar with and

(CONTINUED)

#### Page 1 of 2

FILED

<u>Title:</u> "MGR" = Ma "MGRM" = N	nager Managing Member	Name and Address:	SECRETARY OF TAULAHASSEE, F
MORUT	vianaging ivienibei		
		Veronica Hernandez	
		8514 N. Gomez Ave	
		Tampa, Fl. 33614	
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LE V: Effecti ective date is days after the	sisted, the date must be date of filing.)  SIGNATURE:  Signature of a memb  (In accordance with se of this document consthat the facts stated he	er or an authorized representative of extitutes an affirmation under the penaltic erein are true.)	an five business days programmed by a member.
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)