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2009 AUG - 3 PM 1: 36
SECRETARY OF STATE
TALL AHASSEE, FLORIDA

T. CLINE

AUG -4, 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE		
•	Name of Limited Liability Company	
The encl	losed Articles of Organization and fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning this matter to the following:	
_	OLGA BATISTA	
	Name of Person DEBAT, LL Firm/Company	
	1906 South DRIVE	
-	CASSE/BERRY FL 327076 3	Water la
_	E-mail address: (to be used for future annual report notification)	METAL SERVICE
For furth	her information concerning this matter, please call:	
	OLGA BATISTA at 407 699-461 36 Name of Person Area Code & Daytime Telephone Number	
Enclose	ed is a check for the following amount:	
] \$125.0	10 Filing Fee \$\ \text{\$130.00 Filing Fee & }\ \text{\$155.00 Filing Fee & }\ \text{\$160.00 Filing Fee, }\ \text{Certificate of Status & }\ \text{Certified Copy (additional copy is enclosed)}\ \text{Certified Copy (additional copy is enclosed)}\ \text{\$160.00 Filing Fee, }\ \text{Certified Copy (additional copy is enclosed)}\ \text{\$160.00 Filing Fee, }\ \text{Certified Copy (additional copy is enclosed)}\ \text{\$160.00 Filing Fee, }\ \$160.00	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:				
(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: 1906 South DRIVE 1906 South DRIVE CASSEIDERRY, FL # 32707 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 shother business entity with an active Florida registration.)				
The name and the Florida street address of the registered agent are: OLGABATISTA Name 1906 South Drive Florida street address (P.O. Box NOT acceptable) CASSE/DERRY FL 32707 City, State, and Zip				
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				

(CONTINUED)

Page 1 of 2

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	OLGA BATISTA 1906 South PRIVE CASSELGERN EL 32707
MGR	JULIO BATISTA
	CASSEIDERRY, FL 3270
	Z009 AUG
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date	re of filing: (OFEONAL) [7]
to or 90 days after the date of filing.)	pecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	31100
(In accordance with section of this document constitut	n an authorized representative of a member. n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury
that the facts stated herein 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)