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PICK-UP	WAIT	MAIL .
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
ALL AHASSEF, FLORIDA

D. BRUCE

NOV 3 2009

EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT:	Roci	o Cati Stucco LLC	
	Name of Limit	ted Liability Company	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
The enclosed Article	s of Organization and fee(s) are	submitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
	Ge	eorge Penaloza	
		Name of Person	
	Rocio	Cati Stucco LLC	
		Firm/Company	
	346	55 Us Hwy 17 N	
		Address	O9
		Bartow, FI	09 NOV
	Cit	ry/State and Zip Code	-2 P ARY C
For further information	E-mail address: (to be used to concerning this matter, please	for future annual report notification) e call:	FH 2: 36
	rge Penaloza	at (863) 28 Area Code & Daytime Teleph	8-7692
Enclosed is a check	for the following amount:		
19123.00 Filling Fee	Certificate of Status	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 Cir Tallahassee, FL 32301	cle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Rocio Cati S		u r
(Must end	d with the words "Limited I	Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Addres The mailing address an		e principal office of the Limited	Liability Company is:
Principal Office Addr	ess:	Mailing Address:	
3465 Us Hwy 17 N		3465 Us Hwy 17 N	
Bartow, Fl 33830		Bartow, Fl 33830	
The name and the Flori	da street address of t	he registered agent are:	
The name and the Flori	da street address of t	he registered agent are:	
The name and the Flori	George	e Penaloza	JAL SE
The name and the Flori	George		09 NI SECRE
The name and the Flori	George Na 305 La	e Penaloza _{ame} ke Dale Dr	09 NOV - SECRETAL TALLAHAS
The name and the Flori	George Na 305 La	e Penaloza	09 NOV -2 SECRETARY OF TALLAHASSEE
The name and the Flori	George Na 305 La Florida street address (Auburndale	e Penaloza ame ke Dale Dr P.O. Box <u>NOT</u> acceptable) FL	O9 NOV -2 PH SECRETARY OF STALLAHASSEE. FL
The name and the Flori	George Na 305 La Florida street address (Auburndale	ke Dale Dr P.O. Box NOT acceptable)	O9 NOV -2 PH 2: SECRETARY OF STAILLAHASSEE. FLORE
Having been named as liability company at registered agent and ag statutes relating to the	George No. 305 La Florida street address (Auburndale City, Sta s registered agent and the place designated gree to act in this capa e proper and complete	e Penaloza ame ke Dale Dr P.O. Box <u>NOT</u> acceptable) FL	ot the appointment as with the provisions of all I am familiar with and
Having been named as liability company at registered agent and ag statutes relating to the	George No. 305 La Florida street address (Auburndale City, Sta stregistered agent and the place designated gree to act in this cape to proper and complete ons of my position as the place of my	Penaloza Ame ke Dale Dr P.O. Box NOT acceptable) FL te, and Zip I to accept service of process for a line this certificate, I hereby acceptacity. I further agree to comply we performance of my duties, and	ot the appointment as with the provisions of all I am familiar with and

(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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR George Penaloza 305 Lake Dale Dr Auburndale, Fl 33823 MGRM Ediberto Penaloza 211 Walnut St Auburndale, Fl 33823 MGRM Oscar Torres 1927 Oak Coroners Dr Lakeland, Fl 33881 **MGRM** Sergio Beltran 518 Poplar St Auburndale, Fl 33823 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ (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.) George Penaloza

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

Filing Fees:

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee