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T. CLINE, FLORING MAR - 2 2010 CORRECTION OF THE PERSON OF

COVER LETTER

TO:	Registration Division of	Corporations		
SUBJE	СТ:	CASTA WEDA Name of Limit	CARPENIRY, LLC ted Liability Company	
The enc	losed Articles	of Organization and fee(s) are	submitted for filing.	
Please r	eturn all corre	spondence concerning this mat	ter to the following:	
-	-,	José (ASTANED A Name of Person	
			Name of Person CAlfantay, LLC Firm/Company	
-		_		
-		P 0 1354	86 L Address	
_		GNETNA	ty/State and Zip Code	
		Cit	ty/State and Zip Code	
-	·	•	for future annual report notification)	
For furt	her informatio	on concerning this matter, please	•	
	José C.	ASTANED 4 ne of Person	at (850) 212-9514 Area Code & Daytime Telephone Number	
Enclose	ed is a check	for the following amount:		
□\$125.0	00 Filing Fee	□\$130.00 Filing 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 Circle Tallahassee, FL 32301	FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
CASTANODA CARPE (Must end with the words "Limited Liability)	WINY, LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L,C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
141 COLEMAN ST. GREEM BULD BE. 32330	P. O. BOX 861 GRETNA, FZ 323	
(NEEM BULD ST. 32330	GRETNA, PZ 523	32_
The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	egistered agent are:	duał or another
Tose Ca	GTANIDA	
141 COLEMAN	<i>C</i> .	
[4] (SCEMAN) Florida street addr	ress (P.O. Box <u>NOT</u> acceptable)	
City, Stat	FL · 32330 te, and Zip	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered.	ccept service of process for the case of t	e appointment as the provisions of all 1 familiar with and
Registered Agent's Signatu	re (REQUIRED)	SSE Y F
(CONTIN		LED '2 PH 3 2 IY OF STATE SEE, FLORID,

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manag "MGRM" = Man		Name and Address:			
MGA	—-	TOGE CASTANGOA P. O. BOX &61 GOSTNA FL 32332		 	
M GRM		ARTURO GUTIELLOZ P.O. Box 861			
Morm		GROTNA FL 32332 JOSE MATIAL SERCE P. O. BOY 861 GROTNA FL 32332	م ۵۰۰	_ _ _ _	
	_			 	
(Use attachment is ARTICLE V: Effective of (If an effective date is list to or 90 days after the date)	date, if other than the date ted, the date must be sp	e of filing:ecific and cannot be more than five	(OPTI busines		_
<u>REQUIRED</u> SIG	GNATURE:	7/			
	Signature of a member or	an authorized representative of a member	 er.		
	(In accordance with section of this document constitutes that the facts stated herein a	608.408(3), Florida Statutes, the execution is an affirmation under the penalties of perjuare true.)			
	کون Typed e	or printed name of signee	- ETAI	HAR	77
Filing Fees:			SEE,	<u>-</u> 2	
of Regi	ee for Articles of Organiza stered Agent d Copy (Optional)	tion and Designation	STATE FLORIDA	P# 3 25	D