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To:

Division of Corporations

Fax Number

: (850)617-6383

Prom:

Account Name : JAM MARK LIMITED

Account Number : 12000000112

Phone Fax Number : (305)789-7758 : (305)789-7799

Enter the small address for this business entity to be used for future annual report mailings, enter only one small address please.

mail Address: juan.mayol@hklaw.com

2010 APR -5 AM & 32 SECRETARY OF STATE TALLAHASSEE, FLORID

FLORIDA LIMITED LIABILITY CO.

Master Construction of South Florida, LLC

Certificate of Status	U
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIUA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HIALEAH,

MASTER CONSTRUCTION OF SOUTH FLORIDA, LLC

(Must und with the words "Limited Lightity 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:	Mulling Address:	>
Geronimo Hernaudez	2108 W. 62 Street, History, FL 33016-2013	2010 F
	stored Office, & Registered Agent's Signature; Registered Agent. You must designate an individual or anomer The registered agent are:	APR -5 AN CONTRACTOR STA
<u>GERONIMO HE</u>	RNANDEZ Name	32 RIDA
2108 W. 62 Str Florida str	eer address (P.O. Box NOT acceptable)	

FL 33016-2613

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.

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

H10000076046 3

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:		
MANAGER	GERONIMO HERNANDEZ 2 108 W. 62 Street Histoph, Ft. 33016-2613	•	
· · · · · · · · · · · · · · · · · · ·	TAS	20	
	te of filling:	2010 APR -	-1)
(Usc attachment if necessary)	SE OF	5 A	Same
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be ap to or 90 days after the date of filing.)	te of filing: (OPTIONAL) OR pecific and cannot be more than five business days prior	& 32	E _{31,411} ?

REQUIRED SIGNATURE:

Signature of a prepater or an authorized representative of a member,

(In accordance with rection 603.408(3), Ploride Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true;

Geronimo Hemandez

Typed or printed name of signer

Filing Fees:

\$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

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