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EXAMINATION APR 12 PH 1: 58

NET SECRETARY OF STATE AMERICAN ASSEE, FLORIDA

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJE	CT: Rodtee	LOBSTRUC	TION LLC			
	•	(Name of Limited	Liability Company)	•		
The end	closed Articles of Organizati	on and fee(s) are su	bmitted for filing.			
Please	eturn all correspondence co	ncerning this matter	to the following:			
-	MANU	el E. B	DDRIQUEX  Jame of Person)			
		,ti	· · · · · · · · · · · · · · · · · · ·			
- RODZEC CONSTRUCTION, LLC. (Firm/Company)						
108/1 S.W. 75 STACET (Address)						
	Miam	i Floris	na 38/23			
Minmi, FLOLIDA SE173 (City/State and Zip Code)						
For furt	her information concerning	this matter, please o	call:			
MA	NUEL E. ROD	riques	at ( <u>305</u> ) <u>984 0</u> (Area Code & Daytime Tel	212		
	(Name of Person)	411	(Area Code & Daytime Tel			
Enclos	ed is a check for the follow	wing amount:		ZOID APR SECRET		
<b>\$125</b> .	00 Filing Fee \$130.00 Certific	Filing Fee & [ ate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &	, rr	
		-		(additional copy in enclosed)		
		ion Section of Corporations	Street/Courier Address Registration Section Division of Corporation Clifton Building	3>	n D	
		see, FL 32314	2661 Executive Center (	Circle		

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	•
Must end with the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the page 1.	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	MIAMI, FL 33173
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	
The name and the Florida street address of the	
MANUEL E Name	· KODRIQUEZ
10811 5.W.	MODRIQUE Z  TALLAHPR 12 PH  TOTAL APPR 12 PH  TO
	dress (P.O. Box NOT acceptable)  FL 33/13 and Zip
City, State,	and Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete po	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S.
see of the second of the position to reg.	

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:					
M.G.R	MANUEL E. BODRIQUED 10811 S.W. 75 STREET Minni, FL 33173					
MGRM	MANUEL J. RODDIQUEL 5155 S.W. 88 CT. Minni. FL 33173					
(Use attachment if necessary)						
ARTICLE V: Effective date, if other than the date of filing: 4/6/2010 . (OPTIONAL)  (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:	PH 1:58 YOF STATE SEE, FLORID					
(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.)						
MANUEL E Typed	or printed name of signee					

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)