

L10000048257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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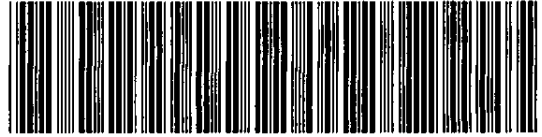
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Effective Date 05/02/10

05/05/10--01002--023 **130.00

FILED

10 MAY -4 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAY -5 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DeLaCruz - O'Brien Properties LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lupe DeLaCruz

Name of Person

DeLaCruz - O'Brien Properties LLC

Firm/Company

322 Gunnery Road Suite C

Address

Lehigh Acres Florida 33973

City/State and Zip Code

lupe@delacruzproperties.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lupe DeLaCruz

Name of Person

at (239)

633-0207

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
10 MAY - 4 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DeLaCruz - O'Brien Properties LLC

(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:

322 Gunnery unit c

Lehigh Fl. 33973

Mailing Address:

322 Gunnery unit c

Lehigh Acres FL 33973

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 another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Effective Date 05/02/10

Lupe DeLaCruz

Name

322 Gunnery unit C

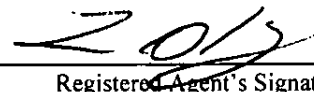
Florida street address (P.O. Box **NOT** acceptable)

Lehigh Acres

FL 33973

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..



Registered Agent's Signature (REQUIRED)

(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:

MGRM

Brian O' Brien

1214 Archdale St

Lehigh Acres FL 33936

MGRM

Lupe DeLaCruz

322 Gunnery

Lehigh fl. 33973

MGRM

Melissa DeLaCruz

322 Gunnery

Lehigh fl. 33973

MGRM

MARIANA DeLaCruz

1214 Archdale st

Lehigh Fl. 33936

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 02, 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:



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.)

Lupe DeLaCruz

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)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA