40000056647

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nai	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



400181015154

05/26/10--01006--014 **250.00



RECEIVED

MAY 26 MH: 17

D. BRUCE
MAY 26 2010
EXAMINER

COVER LETTER

TO: Registration Division of C		·		
SUBJECT: W	e Bullde	rs 4C		
——————————————————————————————————————		ted Liability Company		
The enclosed Articles	of Organization and fee(s) are	submitted for filing.		
Please return all corres	pondence concerning this mat	ter to the following:		
	daldle Per	Name of Person		
	,,,,,	Name of Person		
		Firm/Company		
1000	40-00-11			
_1416	NASHVILL	Address		
•	TALLAHOSSI	FL 32304	·	
	Cit	y/State and Zip Code		
 	E-mail address: (to be used	for future annual report notification)		
For further information	concerning this matter, please	e call:		
GuadaLuPe	P2422	at (\$50) 543 0 Area Code & Daytime Telep	671	
Name	of Person	Area Code & Daytime Teler	shone Number	
Enclosed is a check f	or the following amount:			
\$125.00 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 C	SECTO	26 A I

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lape Builders LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LI.C.")

ARTICLE II - Address:

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

Guada Lupe Perez	1916 Mgs	hVIIIe dr. 32304	
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)			
The name and the Florida street address of t Guada 1496	-		TO MAN
1416 Nashvi	Hedr.	JASSI	26

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.

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

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: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ _. (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.)

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)