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| (Requestor's Name)                      |  |  |  |  |
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| (Address)                               |  |  |  |  |
| (Hadroso)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (CitylChata (Zin (Dhana 46)             |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
|   |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
|   |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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2010 JUN - 1 PH 12: 28
SECRETARY OF STATE
TAKE ANN SEEF, FLORIDA

T. CLINE

JUN - 2 2010

EXAMINER

# **COVER LETTER**

| TO:                            | Registration<br>Division of C |   |           |  |  |   |                  |          |
|--------------------------------|-------------------------------|---|-----------|--|--|---|------------------|----------|
| SUBJI                          | ECT:                          | FG Profes   | siona     | al Contra                                      | actors,  | LLC   |                  |          |
|                                | <del></del>                   | Name of Limit   | ted Liab  | ility Compa                                    | ny   |   |                  |          |
| The cn                         | closed Articles               | of Organization and fee(s) are  | submitt   | ted for filing                                 |  |   |                  |          |
| Please                         | return all corres             | pondence concerning this mat  | ter to th | e following                                    | :  |   |                  |          |
|                                |                               | F   |           | 1. Garcia                                      |  |   |                  | · •·     |
|                                |                               |   | Name      | of Person                                      |  |   |                  |          |
|                                |                               | FG Profes   | sional    | Contract                                       | ors, LLC   | ;<br>   |                  |          |
|                                | Firm/Company                  |   |           |  |  |   |                  |          |
|                                |                               | 1815  | 6 NW      | 61st Pla                                       | ce   |   | SEC              | 2610 JUN |
| Address  Miami Lakes, FL 33015 |                               |   |           |  |  | を記述   | JUH -            |          |
|                                |                               |   |           |  | 387<br>887   |   |                  |          |
|                                | City/State and Zip Code       |   |           |  |  |   |                  | רח וגי   |
|                                | ·                             | fgprofessiona   |           |  |  |   | <u> </u>         |          |
| For fur                        | ther information              | E-mail address: (to be used concerning this matter, pleas   |           | e annuai repo                                  | п пописано   | on <i>)</i>   | S.               | , t      |
|                                | Fred                          | i M. Garcia   | ~.        | 786 v  |  | 371-8550  |                  |          |
|                                |                               | of Person   | at (      |  | & Daytime  | Telephone Number                                      |                  |          |
| Enclos                         | sed is a check f              | or the following amount:  |           |  |  |   |                  |          |
| <b>]</b> \$125.                | 00 Filing Fee                 | \$130.00 Filing Fee & Certificate of Status   | C         | 55.00 Filing<br>ertified Cop<br>Iditional copy | by   | \$160.00 Fi<br>Certificate<br>Certified (additional c | of Statu<br>Copy | ıs &     |
|                                |                               | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |           | Registration Division Clifton Bo<br>2661 Exc   | urier Addr<br>on Section<br>of Corporat<br>uilding<br>cutive Cent<br>se, FL 3230 | ter Circle  |                  |          |

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company   | y is:   |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| , i,  |   |  |  |  |  |  |  |
| FG Professional   | Contractors, LLC Liability Company," "L.L.C.," or "LL.C.")  |  |  |  |  |  |  |
| (Must end with the words "Limited L   | Liability Company," "L.L.C.," or "LLC.")  |  |  |  |  |  |  |
| ARTICLE II - Address:   |   |  |  |  |  |  |  |
| The mailing address and street address of th  | e principal office of the Limited Liability Company is:   |  |  |  |  |  |  |
| Principal Office Address:   | Mailing Address:  |  |  |  |  |  |  |
| 18156 NW 61st Place   | 18156 NW 61st Place   |  |  |  |  |  |  |
| Miami Lakes, FL 33015   | Miami Lakes, FL 33015   |  |  |  |  |  |  |
| 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 the serve as its own R business entity with an active Florida registration.)  Fredi I | he registered agent are:  M. Garcia  M. 61st Place  |  |  |  |  |  |  |
| Florida street address (  | P.O. Box NOT acceptable)  |  |  |  |  |  |  |
| Miami Lakes 3301 City, Sta  | 5 FL<br>te, and Zip   |  |  |  |  |  |  |
| liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete   | I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S |  |  |  |  |  |  |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

## 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:  |
|---|--|
| MGR   | Fredi M. Garcia 18156 NW 61st Place Miami Lakes, FL 33015  |
|   |  |
|   | Zaio Jun<br>Tallara  |
| (Use attachment if necessary)   | CO PA  |
| ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be spet to or 90 days after the date of filing.) | of filing: 05-28-2010 (OPTIONAE) ecific and cannot be more than five business days prior               |
| REQUIRED SIGNATURE:   | -ai  |
| Signature of a member or  | an authorized representative of a member.  |
| (In accordance with section of this document constitute that the facts stated herein a  | 608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury are true.) |
|   | redi M. Garcia   |
| Filing Fees:  | or printed name of signee  |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)