## 40000071470

,	Requestor's Name)				
	(Address)				
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	City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
	Business Entity Name)				
(	(Document Number)				
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

Office Use Only



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JUL - 7 2010

**EXAMINER** 

2010 JUL -6 PH 1: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIO

## **COVER LETTER**

, · 'to:

Registration Section
Division of Corporations

SUBJECT: ARANA	CONSTRUCTION LLC					
		ed Liability Co	mpany			
The enclosed Articles o	f Organization and fee(s) are	submitted for fi	iling.			
Please return all corresp	ondence concerning this mat	ter to the follow	ring:			
STEVE LAZA	ROFF					
		Name of Person	I			
~ARANA'CON	STRUCTION LLC					
		Firm/Company				
9301 SHADO	W PINAR COURT					
		Address				<del></del>
ORLANDO, F	LORIDA 32825-7529				7.s	
		y/State and Zip (	lode		LCR ECR	<del>س</del> ے
ARANACONS	E-mail address: (to be used to		report notification)		工門	
For further information	concerning this matter, please		, , , , , , , , , , , , , , , , , , ,		RY I	JUL -6 PM
TO Tartile information	concerning and matter, prease	c cuii.			E FE	H
STEVE LAZAROFF		at (_407	<u>)</u> 536-8878		유턴	1:2
Name	of Person	Area (	Code & Daytime Telep	phone Number	D.E.	<b>(.9</b> .
Enclosed is a check for	or the following amount:					
□\$125.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	\$155.00 F Certified (additional	•	\$160.00 Fi Certificate Certified C (additional c	of Status Copy	<b>&amp;</b>
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regis Divis Clifto 2661	t/Courier Address tration Section tion of Corporations on Building Executive Center C hassee, FL 32301			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Arana Construction LLC	
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9301 SHADOW PINAR COURT	9301 SHADOW PINAR COURT
ODLANDO EL ODIDA 2002E	
URLANDO, FLURIDA 32625	ORLANDO, FLORIDA 32825
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of the server and the ser	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another of the registered agent are:
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of the STEVE LAZAROFF	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or arbither of
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.)  The name and the Florida street address of the STEVE LAZAROFF  N  9301 SHADOW PINA	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another of the registered agent are:
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of the STEVE LAZAROFF  N  9301 SHADOW PINA	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another of the registered agent are:

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	STEVE LAZAROFF	_
	9301 SHADOW PINAR COURT	•
	ORLANDO, FL 32825	-
		-
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(Use attachment if necessary)		
RTICLE V: Effective date, if other than the fan effective date is listed, the date must or 90 days after the date of filing.)	ne date of filing: (OPTIC be specific and cannot be more than five business	ONAL) days prior
REQUIRED SIGNATURE:		,
Signature of a mem	ber or an authorized representative of a member.	
(In accordance with sof this document con that the facts stated h	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)	
STEVE LAZAROF		
	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)