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

Office Use Only

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EXAMINER



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SECRETARY OF STATE

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COVER LETTER

| TO: | Registration Section Division of Corporations | -t | |
|--|---|--|--|
| SUBJE | | | |
| | Name of Limite | d Liability Company | |
| The end | nclosed Articles of Organization and fee(s) are s | submitted for filing. | |
| Please | return all correspondence concerning this matte | er to the following: | |
| | Nestor Rojas | | |
| • | | Name of Person | |
| | APLAC TECH LLC | | |
| | | Firm/Company | |
| 19075 West Dixie Highway | | | |
| Address | | | |
| Miami, Florida 33180 | | | |
| City/State and Zip Code | | | |
| nr@group3contractors.com E-mail address: (to be used for future annual report notification) | | | |
| For fur | rther information concerning this matter, please | call: | |
| Nestor Rojas at (305) 919-7748 | | | |
| | Name of Person | Area Code & Daytime Telephone Number | |
| Enclos | sed is a check for the following amount: | · | |
| \$125.00 | 0 Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$ | \$155.00 Filing Fee & Silfont Fee, Certified Copy (additional copy is enclosed) 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 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

APLAC TECH 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:

Mailing Address:

19075 West Dixie Highway

Miami, Florida 33180

19075 West Dixie Highway Miami, Florida 33180

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:

Andres Jaramillo

Name

19075 West Dixie Highway

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

Miami

FL 33180

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. If 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> | Name and Address: |
|---------------------------------------|---|
| "MGR" = Manager | · |
| "MGRM" = Managing Member | |
| MGR | Nestor A. Rojas |
| | 19075 West Dixie Highway |
| | Miami, Florida 33180 |
| MGR | Andres Jaramillo |
| | 19075 West Dixie Highway |
| | Miami, Florida 33180 |
| | |
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| (Use attachment if necessary) | |
| | |
| ICLE V: Effective date, if other than | n the date of filing: (OPTIONAL) NR |
| | ist be specific and cannot be more than five business days prio |
| 90 days after the date of filing.) | |
| | |
| REQUIRED SIGNATURE: | • |
| INCOMED DIGITAL ORDI | |

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

NESTOR ROJAS, Manager

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)