L110000060621

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MAY 23 2011

EXAMINER



800207713358

05/24/11--01001--010 **125.00

TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE
SIVISION OF CORPORATIO

DIVISION OF COMPORATIONS

11 MAY 23 PM 3 3

Boinigno SALAZAR Requester's Name 2775 CATHEDYAL DR. Lot Address TAKAHASSEE, Fl. 32310 City/State/Zip Phone #	- <u>38</u> /	OURSE ON THE STATE OF THE STATE
		Office Use Only
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if	known):
1. Los Quotes Constr (Corporation Name)	vuction, LCC (Document #)	
2. (Corporation Name)	(Document #)	
3(Corporation Name)	(Document #)	
4. (Corporation Name)	(Document #)	
Walk in Pick up time		Certified Copy
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NEW FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R Change of Regist Dissolution/With Merger	
OTHER FILINGS	REGISTRATION/Q	<u>UALIFICATION</u>
Annual Report Fictitious Name	Foreign Limited Partners Reinstatement Trademark Other	nip

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	4 %
las Quates and	艺.
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
	3
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
The maning address and street address of the pri	neipar office of the Elimited Elaomity Company is.
Principal Office Address:	Mailing Address:
2775 CATHEDRALDRIVE LOT 281 TALLAHASSER, Fl. 32310	Same
TALLAHASSER, A. 32310	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registrous business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re-	egistered agent are:
BENIANS SALAT Name	EAR PARRA
2775 CATHEDR Florida street add	aL DR. Lot 281 ress (P.O. Box <u>NOT</u> acceptable)
TALLS HOSSEL City, Sta	FL 3 23/0 Ite, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Bea calls of	
Registered Agent's Signat	ure (REQUIRED)

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" ≈ Managing Membo	Name and Address: er
MGRM	Beniano SALAZAR PARRA 2775 PATREDEAL DR. Lot 2 TAKLAHASSEE, F. 32310
•	
	
(Use attachment if necessary)	
LEV. DE d'a des le des	than the date of filing: (OPTION must be specific and cannot be more than five business d
days after the date of filing.)	must be specific and cannot be more than five business o
fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of	a member or an authorized representative of a member.

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)