L11000105616

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

Office Use Only



100211565171

09/14/11--01011--008 **80.00

09/14/11--01011--009 **80.00

11 SEP 14 AM D: 29

D. BRUCE

SEP 15 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Building Shine, LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JUAN RAMON RODRIGUEZ
Building Shine, LLC Firm/Company
11448 WESTON COURSE LP.
Riverview, P.L. 33579.
AAAA deLivery 5 VC5 @ YAhoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JUAN R. RODRÍGUEZ at (813) 403-4024 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certified Copy (additional co
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:

Building 5 (Must end with the words "Limited Liability	Y Company "L. C. " or "L. C.")
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11448 Weston Course LP. Biverview, FL. 33579	The SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the recognition of the reco	Rodriquez FERENCE STATES
Biverview	ress (P.O. Box <u>NOT</u> acceptable) FL 33579 te, and Zip
liability company at the place designated in th	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as . 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.

Page 1 of 2

Registered Agent's Signature (REQUIRED)

(CONTINUED)

•	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"	JUAN R. RODRÍGUEZ 11448 WESTON COURSE LP. BIVERVIEW, FL. 33579	
		N/A	
		N/A	
	(Use attachment if necessary)		
(If a	TICLE V: Effective date, if other than the n effective date is listed, the date must be 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior	
	REQUIRED SIGNATURE:		
	Signature of a membe	er or an authorized representative of a member.	
	onstitutes an affirmation under	3.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State: y as provided for in s.817.155, F.S.)	
	JUAN R.	PAMON BODRIGUEZ Ped or printed name of signee PARIS 25 PRINTER PRINTER	
	Filing Food		

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)