

#L14000036952

Division of Corporations

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Florida Department of State  
Division of Corporations  
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FLORIDA LIMITED LIABILITY CO.  
CAZACA CONTRUCTION GROUP, LLC

Certificate of Status	0
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H14000053162

March 3, 2014

**LILIA P. LASPRILLA**  
441 Madeira Ave  
Coral Gables, FL 33134

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TALLAHASSEE, FLORIDA

**FLORIDA DEPARTMENT OF STATE**  
**DIVISION OF CORPORATIONS**  
New Filings Section  
Tallahassee, Florida

Dear Sirs;

You have on your records a corporation named **CAZACA CONSTRUCTION GROUP, LLC**, that is **Inactive/Unavailable**, and belongs to me, but I have no intention to reinstate it. Please release the name in order to register again.

Thanks in advance, and feel free to contact me if you have any questions.

Lilia Lasprilla  
**LILIA P. LASPRILLA**

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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY  
OF  
CAZACA CONSTRUCTION GROUP, LLC**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - NAME:**

The name of the Limited Liability Company is:

**CAZACA CONSTRUCTION GROUP, LLC**

**ARTICLE II - ADDRESS:**

The mailing address and street address of the principal office of the Limited Liability Company is:

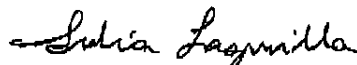
**Principal Office Address:**

441 Madeira Avenue  
Coral Gables, FL 33134

**Mailing Address:**

441 Madeira Avenue  
Coral Gables, FL 33134

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**



**LILIA P. LASPRILLA  
441 Madeira Ave  
Coral Gables, FL 33134**

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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. 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 605, F.S.

**ARTICLE IV - Management/Member(s):**

The name and address of *Authorized member* is as follows:

<b><u>TITLE:</u></b>	<b><u>NAME AND ADDRESS</u></b>	<b><u>UNITS</u></b>
AMBR	Lilia P. Lasprilla 441 Madeira Ave Coral Gables, FL 33134	100%

*Lilia Lasprilla*  
\_\_\_\_\_  
LILIA P. LASPRILLA  
441 Madeira Ave  
Coral Gables, FL 33134

(In accordance with section 605.0203(6) Florida Statutes,  
The execution of this document constitutes an affirmation under  
The penalties of perjury that the facts stated herein are true)

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