## 1140000092774

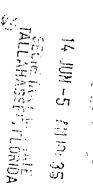
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
, openie in in ing

Office Use Only



200260736582

06/05/14--01004--003 \*\*155.00



## **COVER LETTER**

TO:	Registration Division of C			
SUBJE	CCT: <u>SANCH</u>	EZ CONSTRUCTION SE Name of Lir	RVICES, LLC nited Liability Company	<del>.</del>
The end	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corres	spondence concerning this m	natter to the following:	
	MARTIN	SANCHEZ-CANCHOLA	Name of Person	
			Name of Ferson	
	SANCHE	Z CONSTRUCTION SER	VICES,LLC	
			Firm/Company	
	938 VINC	CENT LN		
			Address	
	FORT W	ALTON BEACH, FL 3254	7	
		C	City/State and Zip Code	
		E-mail address: (to be use	d for future annual report notifica	ation)
For fur	ther information	n concerning this matter, ple	ase call:	
MARIO	O CASTANED Nam	e of Person	251 ) 545 4667 Area Code Daytime Te	lephone Number
Enclose	ed is a check for	r the following amount:		
<b>]</b> \$125.0	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	☑\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ling Address stration Section	Street/Courier Add Registration Section	ress

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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:	
SANCHEZ CONSTRUCTION SERVICES, LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
938 VINCENT LANE FORT WALTON BEACH, FL 32547	SAME
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
MARTIN SANCHEZ-CANCHOL Name	Α
938 VINCENT LANE	
Florida street address (P.O. Box 1	NOT acceptable)
FORT WALTON BEACH,	
City	Zip
the place designated in this certificate, I hereby accept t capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance that at the proper and complete performance that is a provided for in 605, F.S
X Martin Sono Registered Agent's Signatu	re (REQUIRED)
(CONTINUE)	D)
Page 1 of 2	FLORIDA FLORIDA

Title:	Name and Address:
"AMBR" = Authorized Member	
'MGR" = Manager MGR	Martin Canahar Canahata
MGR	Martin Sanchez-Canchola  938 Vincent Ln
	Fort Walton Beach, FL 32547
A. (B.C.)	
AMBR	Juan Sanchez-Romero
	938 Vincent Ln Fort Walton Beach, FL 32547
	-
AMBR	Christian M Sachez-Romero
	938 Vincent Ln Fort Walton Beach, FL 32547
	Fort Walton Beach, FL 32547
V: Effective date, if other than the date	of filing: (OPTIONAL)
	of filing: (OPTIONAL) reific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date ctive date is listed, the date must be spef filing.)	
E.V: Effective date, if other than the date ctive date is listed, the date must be spef filing.) E.VI: Other provisions, if any.  REQUIRED SIGNATURE:	cific and cannot be more than five business days prior to or 90
C.V: Effective date, if other than the date etive date is listed, the date must be specifiling.) C.VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a meaning and a specific statement of the specific statement o	Sinches  mber or an authorized representative of a member.
C.V: Effective date, if other than the date etive date is listed, the date must be specifiling.)  C.VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 60:	scific and cannot be more than five business days prior to or 90 solutions.  Sinches  mber or an authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this document
C.V: Effective date, if other than the date etive date is listed, the date must be specifiling.)  C.VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 60) constitutes an affirmation under	mber or an authorized representative of a member.  5.0203 (1) (b). Florida Statutes, the execution of this document representative of perjury that the facts stated herein are true.
CV: Effective date, if other than the date etive date is listed, the date must be specifiling.)  CVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer (In accordance with section 60: constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member.  5.0203 (1) (b). Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.  mation submitted in a document to the Department of State of the penalties of perjury that the facts stated herein are true.  mation submitted in a document to the Department of State of the penalties of perjury that the facts stated herein are true.
CV: Effective date, if other than the date etive date is listed, the date must be specifiling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer (In accordance with section 60: constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member.  5.0203 (1) (b). Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)

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