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SECRETARY OF STATE
THE ANIASSEE, FLORIDA

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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: Sanchez M. Name of Lim	asonry 22C - ited Liability/Company		
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Jose Emi	Name of Person		
	Name of Person		
Sanchiz Masonry LLC -			
·			
+00 185 Bradley CT-			
	Address		
Greton H	. 3 2 332		
Ci	ty/State and Zip Code		
F-mail address: (to be used	for future annual report notification)		
For further information concerning this matter, please call:			
	,		
Lose E. Janchyai	Area Code Daytime Telephone Number		
Name of Person	Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:			
□\$125.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address	Street/Courier Address		
Registration Section Division of Corporations	Registration Section Division of Corporations		
P.O. Box 6327	Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	1 -	Name:
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The name of the Limited Liability Company is:

Sanchez Masonry LLC (Myst end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

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

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

another business entity with an active Florida registration.)	individual or
The name and the Florida street address of the registered agent are: OSP Emilio anche: Name 185 Bradley C+ Florida street address (P.O. Box NOT acceptable) City FL F/. 32332	FILED 2015 APR 28 AM ID: 4.9 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at

Mailing Address:

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Ose Emilio Sanchey.
	185 Bradley CT. Grotna Ft. 30332
(Use attachment if necessary)	of filing: (OPTIONAL)
If an effective date is listed, the date must be spe the date of filing.) ARTICLE VI: Other provisions, if any.	cific and cannot be more than five business days prior to or 90 days after
REQUIRED SIGNATURE:	
(In accordance with section 605 constitutes an affirmation under I am aware that any false inform	nber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
	Typed or printed name of signee Filling Fees:
\$125.00 Filing Fee for Articles of Org \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	anization and Designation of Registered Agent

Page 2 of 2

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