L15 0001059119

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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06/01/15--01011--016 **125.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

6-22-15 ch

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
LEN CONSTRUCTION	of TAME	DA L.L.C.
(Must end with the words "Limited I	Liability Company, "I	L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:

3402 W 5/igh AVE

TAM PA Plozi DA 32614

Tam PA Flozi DA 32614

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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.

Page 1 of 2

(CONTINUED)

MGR" = Manager AMBR	<u>l'itle:</u>	Name and Address:
Jee attachment if necessary) V: Effective date, if other than the date of filing:	AMBR" = Authorized Member MGR" = Manager	1 - 14
Jse attachment if necessary) V: Effective date, if other than the date of filing:	MGR	LUIS E NUNEZ
Jse attachment if necessary) V: Effective date, if other than the date of filing:		THE M DA FIRE OA 33614
Jse attachment if necessary) V: Effective date, if other than the date of filing:	n nn 17 17	(days this a
Use attachment if necessary) V: Effective date, if other than the date of filing:	MMBK	3UD) W SLIGH AVE
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VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document of the constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree follows as provided for in a \$1.7.155, E.S.)		
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Signature of a member or a supporting the secution of this document to the Department of State and Augustinutes a third degree follows as provided for in a 917,155, E.S.)	V: Effective date, if other than the cive date is listed, the date must be	
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Luis E NIMEZ	V: Effective date, if other than the tive date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation)	a member or a authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
	V: Effective date, if other than the tive date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of (In accordance with section constitutes a affirmation I am aware that any false is constitutes a third degree appreciate the second in the second i	a member or at authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State following a provided for in a 817-165. E.S.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)



RECEIVED

15 JUN 18 AMII: 19

FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE Division of Corporations JALLAHASSEE, FLORIDA

June 3, 2015

LUIS NUNEZ 3402 W SLIGH AVE TAMPA, FL 33614

SUBJECT: LEN CONSTRUCTION OF TAMPA

Ref. Number: W15000038723

We have received your document for LEN CONSTRUCTION OF TAMPA and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Christine Haney Regulatory Specialist II

Letter Number: 915A00011619