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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
,		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

8/4/__

COVER LETTER

	, and DE, I have	
TO: Registration Section Division of Corporations MHUNICES SUBJECT: SOLO CONSTAU Name of Lin	ction 12 C.	
The enclosed Articles of Organization and fee(s) are Please return all correspondence concerning this m	atter to the following:	
Mauri cio bo loño	Name of Person	
901 worren st C	Firm/Company On Control Address	
	ity/State and Zip Code Color Color do for future annual report notifica	ition)
For further information concerning this matter, please Macricio bolones at (1) Name of Person	850 241	8998 lephone Number
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\sum \text{Certificate of Status}\$	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section	Street/Courier Adda Registration Section	ress

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:		
MHURICES (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address: Mailing Address:		
Quincy (13833) 901 worrenst Quincy (13833)		
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 individuanther business entity with an active Florida registration.)	ıal or	
The name and the Florida street address of the registered agent are:		
Maricio boloños soto Name		
Florida street address (P.O. Box NOT acceptable)	15 A	SECR
City FL. 32351	JG ∸1	ETARY
Having been named as registered agent and to accept service of process for the above stated limited liability the place designated in this certificate, I hereby accept the appointment as registered agent and agree to capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete p of my duties, and I am familiar with and accept the obligations of my position as registered agent as prov Chapter 605, F.S.	ac <mark>itio</mark> th erfo r ma	is SZ
Mauricio bolono solo Registered Agent's Signature (REQUIRED)		

Page 1 of 2

(CONTINUED)

ARTICLE IV- The name and address of each pe	erson authorized to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	gerardo boloños
AMBR	Serofin colonos 749 s modison st
AMBR	Noe boloños solo 749 s madison st Quincy f1 32 351
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than (If an effective date is listed, the date mu the date of filing.)	the date of filing: OR OF (S (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 days after
ARTICLE VI: Other provisions, if any.	
DECLIPED CLONATURE	
<u>REQUIRED</u> SIGNATURE:	
/K@t	of a member or an authorized representative of a member.
(In accordance with se	ction 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true.

Filing Fees:

Typed or printed name of signee

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.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)