

L16000029611

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000034364 3)))



H160000343643ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CLARA GIRALDO, P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

16 FEB 10 PM 1:11

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
SERVICONSTRU VLF C.A., LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED
16 FEB 10 AM 7:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 10 2016

S. PRATHER

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF**

SERVICONSTRU VLF C.A., LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

SERVICONSTRU VLF C.A., LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**5845 NW 112 CT
DORAL FL, 33178**

The mailing address shall be:

**5845 NW 112 CT
DORAL FL, 33178**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

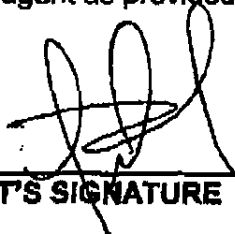
OSWALDO QUINTERO

**5845 NW 112 CT
Florida street address (P.O.BOX NOT acceptable)
DORAL FL, 33178
City, State, and Zip**

**CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 FEB 10 PM 1:11

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..



REGISTERED AGENT'S SIGNATURE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 FEB 10 PM 1:11

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

OSWALDO QUINTERO
5845 NW 112 CT
DORAL FL, 33178

MANAGER

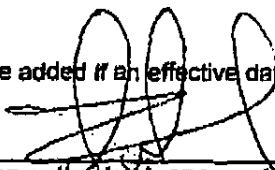
EDUARDO GONZALEZ
5845 NW 112 CT
DORAL FL, 33178

MANAGER

RAQUEL ROJAS
5845 NW 112 CT
DORAL FL, 33178

MANAGER

(An additional article must be added if an effective date is requested)



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 constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

OSWALDO QUINTERO
Typed or printed name of signee