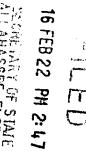
(Re	equestor's Name)	
(Ad	ldress)	
(Ac	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
•		

Office Use Only



500282229535

02/22/16--01027--030 \*\*125.00



## THE SCHIFFRIN LAW FIRM, PLLC

9200 South Dadeland Boulevard Suite 208 - Dadeland Office Park Miami, Florida 33156

Michael Schiffrin, Esq. schifflaw@aol.com

Of Counsel: Ted H. Bartelstone, Esq.

Jessica Schiffrin, Esq. jessica.b.schiffrin@gmail.com

February 18, 2016

Telephone: (305) 539-0000 Telecopier: (305) 539-0013

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re:

Southern Contractors & Development, LLC

Dear Sir/Madam:

Enclosed please find the original and one copy of the Cover Letter and the *Articles of Organization for Florida Limited Liability Company* with regard to the above-referenced limited liability company, along with our check in the amount of \$125.00 made payable to the Florida Department of State for you to register said company. I also enclose a stamped, self-addressed envelope for you to return your acknowledgement indicating that the above company has been duly reinstated.

Of course, if you should have any questions or require anything further, please contact me immediately.

Very truly yours-

THE SCHIFFRIM LAW FIRM, PLLC

MICHAEL SCHIFFRIN, ESQ.

MS/ine Encl.

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
CUD 187	SOUTHERN CONTRACTORS &	DEVELOPM	ENT,LLC
SUBJEC		imited Liabili	ty Company
The encl	osed Articles of Organization and fee(s)	are submitted	for filing.
Please re	eturn all correspondence concerning this	matter to the fo	ollowing:
	MICHAEL SCHIFFRIN		
		Name of	Person
	THE SCHIFFRIN LAW FIRM,PLL	С	
		Firm/Co	mpany
	9200 South Dadeland Boulevard, Su	ite 208	
		Addre	ess
	Miami, Florida 33156		
	schifflaw@aol.com	City/State and	d Zip Code
	E-mail address: (to be us	ed for future a	nnual report notification)
For furthe	r information concerning this matter, ple	ase call:	
	Michael Schiffrin	305	539-0000
	Name of Person	Area Code	Daytime Telephone Number
Enclose	d is a check for the following amount:		
<b>S</b> 125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	L  Certifie	0 Filing Fee & S160.00 Filing Fee, ed Copy al copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314		Street Address New Filing 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 Lial	hilitu Compony is			
The name of the Limited List	omity Company is:			>
Q.	OUTHERN CONTRACT	ODS & DEVEL	DMCNT I C	
	and with the words "Limite			
(1120000	and with the words Elline	a maoning comp	my, E.E.C., or EEC. )	
ARTICLE II - Address: The mailing address and street	et address of the principal	office of the Limi	ted I jability Company is:	SEE
maning accress with pro-	or address of the principal	onice of the Lini	acd Endothity Company is.	7 2
<u>Prin</u>	cipal Office Address:		Mailing Address:	STAUE STAUE
c/o The Schiffrin	Law Firm, PLLC	c	o The Schiffrin Law Firm, PLLC	5
9200 S. Dadeland			200 S.Dadeland Blvd.,Suite 208	
Miami, Florida 33	3156		fiami, Florida 33156	
	MICHA	EL SCHIFFRIN	ESQ.	
	9200 South Dadelar		· · · · · · · · · · · · · · · · · · ·	
	Florida street addre	ss (P.O. Box <u>NO</u>	[acceptable)	
	Miami	Florida	33156	
	City	State	Zip	
lace designated in this certific urther agree to comply with the	ate, I hereby accept the apper e provisions of all statutes obligations of my position	ofintment as regis relating to the pro ros registered age	the above stated limited liability con tered agent and agree to act in this over and complete performance of m int as provided for in Chapter 605, I	capacity. I y duties, and I
·		(CONTINUE)	D)	
		Dona LaM		

Title: "AMBR" = Aut	horized Member	Name and Address:	(2) (2) (3)	ם ונט
"MGR" = Mana	ager	Toro Maria	357	~
MGR	<del></del>	Jose Macia c/o The Schiffrin Law Firm, PLLC 9200	C Dodoloud	r
		Miami, Florida 33156	3. Dadeland	
			- C	
			Q	ţ
				-
_			<u> </u>	
•				
	<del></del>			
			<del></del>	
	•			
fective date is list of filing.)	date, if other than the date ted, the date must be spe	of filing: (OPTI	orior to or 90 de	
LEV: Effective of fective date is list of filing.) If the date inserte	date, if other than the date ted, the date must be spe	cific and cannot be more than five business days poster the applicable statutory filing requirements, this	orior to or 90 de	
LEV: Effective of fective date is list of filing.) If the date inserte	date, if other than the date ted, the date must be sped in this block does not me date on the Department of	cific and cannot be more than five business days poster the applicable statutory filing requirements, this	orior to or 90 de	
LE V: Effective of fective date is list of filing.) If the date inserte ument's effective	date, if other than the date ted, the date must be speed in this block does not me date on the Department ovisions, if any.	cific and cannot be more than five business days poster the applicable statutory filing requirements, this	orior to or 90 de	
LE V: Effective of fective date is list of filing.) If the date inserte ument's effective	date, if other than the date ted, the date must be speed in this block does not me date on the Department ovisions, if any.	ecific and cannot be more than five business days preet the applicable statutory filing requirements, this of State's records.	orior to or 90 de	
LE V: Effective of fective date is list of filing.) If the date inserte ument's effective	date, if other than the date ted, the date must be speed in this block does not me date on the Department ovisions, if any.  Signature of a me This document is execut	eet the applicable statutory filing requirements, this of State's records.  The state of Stat	er.	
LE V: Effective of fective date is list of filing.) If the date inserte ument's effective	date, if other than the date ted, the date must be speed in this block does not me date on the Department ovisions, if any.  Signature of a me This document is execut I am aware that any false	ecific and cannot be more than five business days preet the applicable statutory filing requirements, this of State's records.	er.	
LE V: Effective of fective date is list of filing.) If the date inserte ument's effective	date, if other than the date ted, the date must be speed in this block does not me date on the Department ovisions, if any.  Signature of a me This document is execut I am aware that any false	mber or an authorized representative of a member of an authorized representative of a member of accordance with section 605.0203 (1) (b), Florinformation submitted in a document to the Department of the Departm	er.	
LE V: Effective of fective date is list of filing.) If the date inserte ument's effective	date, if other than the date ted, the date must be speed in this block does not me date on the Department ovisions, if any.  Signature of a me This document is execut I am aware that any false	mber or an authorized representative of a member of naccordance with section 605.0203 (1) (b), Florinformation submitted in a document to the Department of	er.	
LE V: Effective of fective date is list of filing.) If the date inserte ument's effective	date, if other than the date ted, the date must be speed in this block does not me date on the Department ovisions, if any.  Signature of a me This document is execut I am aware that any false	mber or an authorized representative of a member of an authorized representative of a member of accordance with section 605.0203 (1) (b), Florinformation submitted in a document to the Department of the Departm	er.	

Page 2 of 2