L18000006697

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Master Construction Name of Limited Liability C	Company
The enclosed Articles of Organization and fee(s) are submitted for	filing.
Please return all correspondence concerning this matter to the following	owing:
Molises M. Chicas Name of Per	Salgado
7501 14nd Ave lot Address	508
Largo fl 3377.	/ Zip Cpde
E-mail address: (to be used for future and	nual report notification)
For further information concerning this matter, please call:	
Daniel Chicas at (703) Name of Person Area Code	209 - 7/5 9 Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee S130.00 Filing Fee & S155.00 Certified	S160.00 Filing Fee, Certificate of Status & Copy is enclosed) Certified Copy (additional copy is enclosed)
New Filing Section Division of Corporations P.O. Box 6327	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 Liability Company is:	
Master Constant Limited Liability Compa	ny, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limit	ited Liability Company is:
Principal Office Address:	Mailing Address:
7501 142 nd Ave lot508	
largo Fl 33771	
ARTICLE III - Registered Agent, Registered Office, & Registered	Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Age	ent. You must designate an individual or

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

another business entity with an active Florida registration.)

Moisos M. Chicas Salgado
Name

1501 142 nd Ave lot 508
Florida street address (P.O. Box NOT acceptable)

Largo FL 3377/
City State, Zip

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 (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Moises M Chicas Salga 7501 142 nd AVE lot 508 Largo fl 33771
Manager	Largo - f-L - 53 + +1
	
(Use attachment if necessary)	
	a of filling (OPTIONAL)
effective date is listed, the date must be sp te of filing.) If the date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be li
effective date is listed, the date must be space of filing.) If the date inserted in this block does not becoment's effective date on the Department	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be li
effective date is listed, the date must be space of filing.) If the date inserted in this block does not becoment's effective date on the Department.	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be li
rite of filing.) If the date inserted in this block does not becument's effective date on the Department CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a in This document is executed any fall and fall any fall and	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be li

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

ARTICLE IV-