18000312572

| (Re | equestor's Name) | | | |
|---|--------------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | MAIT | MAIL | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

| | w Filing Section vision of Corporations | | | | | |
|----------------|--|-------------------|---|-------------|--|--|
| SUBJECT: | South Florida Drywall, LLC | | | | | |
| SOBIRCT. | Name of Limited Liability Company | | | | | |
| The enclose | d Articles of Organization and fee | (s) are submitted | for filing. | | | |
| Please retur | n all correspondence concerning th | is matter to the | following: | | | |
| | Juan Castro | | | | | |
| • | | Name of | Person | _ | | |
| | Cornerstone Developers and Cons | structors | | | | |
| | Firm/Company | | | | | |
| | 3701 SW 132nd Ave. | | | | | |
| | | Addr | ess | _ | | |
| | Miramar, FL 33027 | | | | | |
| j. | c@cdcmiami.com | City/State an | d Zip Code | _ | | |
| _ | E-mail address: (to be | used for future a | annual report notification) | | | |
| For further in | formation concerning this matter, p | olease call: | | | | |
| | Juan Castro | 954 it (| 296-3783 | | | |
| - | Name of Person | Area Code | Daytime Telephone Number | | | |
| Enclosed is | a check for the following amount: | | | | | |
| \$125.00 Fil | | s L-Certifi | 00 Filing Fee & S160.00 Filing Fee, Certificate of Status al copy is enclosed) Certified Copy (additional copy is enclosed) | | | |
| | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 | | Street Address New Filing Section Division of Corporations Clifton Building | | | |

Tallahassee, FL 32314

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: | | | |
| | | | | |
| _ | | | | |
| <u>_S</u> | outh Florida Drywall, LLC | | | |
| | (Must contain the words "Limited Liability C | lompany, "L.L.C.," or "LLC.") | | |
| , perot c i | | | | |
| ARTICLE I | | | | |
| The mailing address and street address of the principal office of the Limited Liability Company is: | | | | |
| | Principal Office Address: | Mailing Address: | | |
| 3 | 701 SW 132nd Ave. | 3701 SW 132nd Ave. | | |
| N | liramar, FL 33027 | Miramar, FL 33027 | | |
| _ | | | | |
| | | | | |
| | II - Registered Agent, Registered Office, & Registe | A T | | |
| | Liability Company cannot serve as its own Registere | a Agent. You must designate an individual or | | |
| another busi | ness entity with an active Florida registration.) | | | |
| The name and | d the Florida street address of the registered agent are | | | |
| ric name an | a the Florida street address of the registered agent the | • | | |

Juan Castro

City

Name

3701 SW 132nd Ave.

Florida street address (P.O. Box NOT acceptable)

Miramar FL 33027

State

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)

Zip

(CONTINUED)

SEP -7 PHIZ:

FILED

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Juan Castro-3701 SW 132nd Ave. Miramar, FL 33027 MGR Aldrick Diaz 10125 SW 84th St. Miami, FL 33173 (Use attachment if necessary) __. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

REQUIRED SIGNATURE:

ARTICLE VI: Other provisions, if any.

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of Section 5.5 (constitutes a third degree felony as provided for in s.817.155, F.S.

Juan Castro

Typed or printed name of signee

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)

SECRETARY OF STATE SECRETARY OF STATE