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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: MATIGOMEZ CONSTRUCTION LLEC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mafeo Gomez Name of Person
Name of Person
132 Betty Jean Ct Address
Address
Chattahoochee FL 32324
Chatahoochee FL 32324 City/State and Zip Code Make Jomiz Contact B Smail. con
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ma fro Some at (850) 570 - 873B Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee Certificate of Status S155.00 Filing Fee Certified Copy (additional copy is enclosed) S160.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Street 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

Mako Joma	2 and Construction st contain the words "Limited Liabi	n LLC lity Company, "L.L.	C.," or "LLC.")		
ARTICLE II - Address:	street address of the principal office				
<u> </u>	rincipal Office Address:	4.7	Mailing Address:	,	
132 per Chatta hoo	the fl 32324	Chatta	BeHY Jen Co heacher FC	t 32324	
	_ _		···		
(The Limited Liability Co another business entity w	red Agent, Registered Office, & Rompany cannot serve as its own Regith an active Florida registration.)	istered Agent. You n		al or ANA NA	F 2010 DEC
(The Limited Liability Co another business entity w	impany cannot serve as its own Reg ith an active Florida registration.) street address of the registered age Makeo Look Na	istered Agent. You n nt are: M+Z me		SSE	
(The Limited Liability Co another business entity w	impany cannot serve as its own Reg ith an active Florida registration.) street address of the registered age	istered Agent. You n nt are: M+2 me EGU C+	nust designate an individu:	SSE	

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:	Name and Address:
"AMBR" # Authorized Member	
"MGR" = Manager	/
Manghi	Mato Jone 2
	Mater JOMEZ 132 Chattahoocher FL 32324
	"
-	
	25
•	
•	Mc To
(Use attachment if necessary)	
•	<u> </u>
LEV: Effective date, if other than the date of filing: _	(OPTIONAE)
	cannot be more than five business days prior to or 90 days
e of filing.)	
·	plicable statutory filing requirements, this date will not be I
nument's effective date on the Department of State's i	records.
T.E.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 State constitutes a third degree felony as provided for in s.817.155, F.S.

as

Mako Some 2
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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)