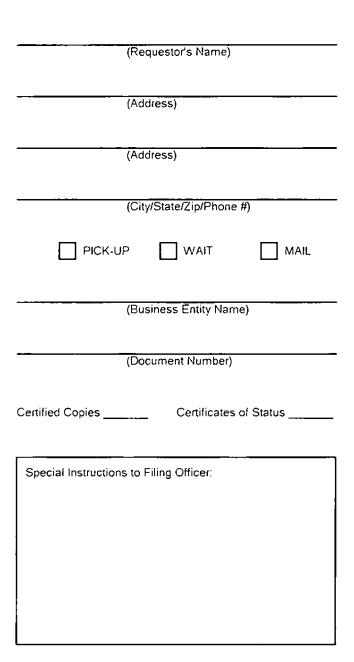
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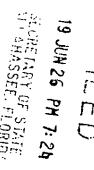


Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: FC YCNOUA Maintenance (Name of Limited Liability Company	and repair LLC
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Oscar Flores Cristob Name of Person	al .
64 dutch master dr	
Havana Florida 39 City/State and Zip Code F. Os car 23 LO 0 1010Ud. E-mail address: (to be used for future annual report not	Com
For further information concerning this matter, please call:	
OSCAY FLONES at (850) 228 Name of Person Area Code Daytime Tel	4352 Tephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\forall \text{S155.00 Filing Fee & Certificate of Status}\$ Certificate of Status (additional copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Sed) 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 Sec Division of Co Clifton Buildin Tallahassee, FL 32314 Tallahassee, F	ction rporations ng e Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

fe renova maintenance and repair LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Maning Address:
64 dutch master dr	64 dutch master dr
Hovona Florida 32333	Havana Florida 32333

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

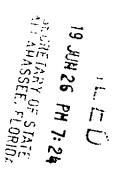
<u>Os c</u>	08	Flores	<u>s</u>	<u>. 515</u>	tobal
		Name			
64	dutc	h _mc	25 tex		1r
Florida	street addr	ess (P.O. B	ox <u>NOT</u> ac	eceptab	le)
Hav	ana	FL	323	333	
	City	Su	ite		Zip

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.

OS CON FLOYES

Registered Agent's Signature (REQUIRED)

(CONTINUED)



Title: "AMBR" = Authorized Member "MGR" = Manager	Same and Address: Os car Flores Cristobal
MGR_	64 durch master dy Havaria Florida 32333
effective date is listed, the date mus te of filing.)	
CLE V: Effective date, if other than t effective date is listed, the date mus te of filing.)	t be specific and cannot be more than live business days prior to or 90 days a es not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than teffective date is listed, the date muste of filing.) If the date inserted in this block document's effective date on the Department.	t be specific and cannot be more than live business days prior to or 90 days a es not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than teffective date is listed, the date muste of filing.) If the date inserted in this block document's effective date on the Department.	t be specific and cannot be more than live business days prior to or 90 days a es not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than teffective date is listed, the date muste of filing.) If the date inserted in this block document's effective date on the Depa CLE VI: Other provisions, if any. REOURED SIGNATURE:	t be specific and cannot be more than live business days prior to or 90 days a es not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than teffective date is listed, the date muste of filing.) If the date inserted in this block document's effective date on the Depa CLE VI: Other provisions, if any. REOURED SIGNATURE: Signature This document is 1 am aware that a	es not meet the applicable statutory filing requirements, this date will not be list rement of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must to of filing.) If the date inserted in this block does becoment's effective date on the Department's effectiv	es not meet the applicable statutory filing requirements, this date will not be lister than the first statutory filing requirements, this date will not be lister than the State's records. TOYCS of a member or an authorized representative of a member, as executed in accordance with section 605.0203 (1) (b). Florida Statutes, my false information submitted in a document to the Department of State