## L20000042592

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SECRETARY OF STATISHS
STATISTON OF CORPORATIONS

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## COVER LETTER

TO: New Filing Section Division of Corpo							
SUBJECT: <b>JEHRAN</b>	Roveia Con Name of Limi	nStruction LL ted Liability Company	<u>C</u>				
The enclosed Articles of Or	ganization and fee(s) are	submitted for filing.					
Please return all correspond	ence concerning this matt	er to the following:					
_Juan	Garcia						
		Name of Person					
		- <del>Li</del> rm/ <del>Company</del>					
11700							
4168	Woodville H	My, APT 1521 Address					
Talla	hassee, FC.	32305					
Taga	Cii ia 850 to 713	y/State and Zip Code					
E-m	nail address: (to be used f	briuture annual report notificati	on)				
For further information conce	rning this matter, please o	call:					
	at (85	0 , 354 8.	3873				
Name o		a Code Daytime Telephon	e Number				
Enclosed is a check for the (	following amount:						
	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing A		Street Address					
New Filin Division a	g Section of Corporations	New Filing Section Division The Centre of Tallahassee					
P.O. Box		2415 N. Monroe Street, Suite 810					
Tallahass	ee, FL 32314	Tallahassee, FL 3230.	Tallahassee, FL 32303				

## . ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:							
The name of the Limited Lia	ibility Com	pany is:					
	21		_	$\wedge$	1		

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ARTICLE II - Address:

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

Principal Office Address: Mailing Address:

4768 Woodville Huy Tallohassee, FL 32305

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

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

another business entity with an active Florida registration.)

Juan Garcia

4768 Woodville Flay #1521
Florida street address (P.O. Box NOT acceptable)

Tullahassee FL. 32355
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)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager Juon Crurcia MGR	Juan Garcia
	4768 Wood Ville HOWY 1521 Taila haske FL. 32305
(Use attachment if necessary)	
(If an effective date is listed, the date must be sp the date of filing.)	e of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	2
This document is executed that any false	nember or an authorized representative of a member, atted in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.
_ Juan	Cravia 2-13-20 Typed or printed name of signee

The name and address of each person authorized to manage and control the Limited Liability Company:

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)