(Re	equestor's Name)	
(Åd	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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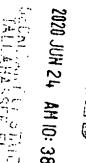
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## COVER LETTER

ew Filing Section ivision of Corporations	
IBIZA CONSTRUCTION, LLC.	
	Limited Liability Company
ed Articles of Organization and fee(s)	are submitted for filing.
rn all correspondence concerning this	matter to the following:
JUAN RUBIO	
	Name of Person
	Firm/Company
1918 SIKA DEER LANE	
	Address
TALLAHASSEE, FL. 32304	
RICKJAMESSTY@YAHOO.COM	City/State and Zip Code
E-mail address: (to be us	sed for future annual report notification)
nformation concerning this matter, plo	ease call:
al.	,
Name of Person	Area Code Daytime Telephone Number
a check for the following amounts	
ling Fee S130.00 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 Address	Street Address
New Filing Section Division of Corporations	New Filing Section Division of Corporations
P.O. Box 6327	Clifton Building 2661 Executive Center Circle
i	Vision of Corporations  IBIZA CONSTRUCTION, LLC.  Name of Person  IBIZA CONSTRUCTION, LLC.  IN Part of Person  IBIZA CONSTRUCTION, LLC.  III PART OF PERSON  IBIZA CONSTRUCTION LLC.  III PART OF PERSON  III PART OF PERSON

Tallahassee, Fl. 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Tbiza Construct (Must contain the words "Limited Liability	<del></del>
ARTICLE II - Address: The mailing address and street address of the principal office of	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1918 SIKADEER LN TANAHASSE FL 32304	1918 SIKA DEER LN TAHANSE FL 32304

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:

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

AUTON, to	ornes	ZAVALA	
1	Vame	•	
1918 Sik	A DEE	R LN	
Florida street address (			
TAHAHASSE	FL	32304	
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)



ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Antoni Torres Zavala 1918 Sika Deer Ln. Tallahassee, Fla. 32304
MGR	JUAN RUBTO 1646 Trail blazer Dr. Tallahassee FL 32310
Tective date is listed, the date must be of filing.) If the date inserted in this block does	date of filing:
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does ument's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not be list
LE V: Effective date, if other than the ffective date is listed, the date must be of filing.) If the date inserted in this block does ument's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not be list
LE V: Effective date, if other than the ffective date is listed, the date must be of filing.) If the date inserted in this block does ument's effective date on the Department's Other provisions, if any.  REOURED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not be lisment of State's records.
LE V: Effective date, if other than the feetive date is listed, the date must be of filing.) If the date inserted in this block does ument's effective date on the Department's effective date	not meet the applicable statutory filing requirements, this date will not be listent of State's records.  To rues  a member or an authorized representative of a member.  xecuted in accordance with section 605.0203 (1) (b), Florida Statutes.  false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
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