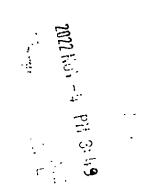
# 122000471902

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer. |
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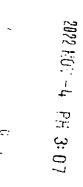
Office Use Only



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## COVER LETTER

| TO: New Filing Section Division of Corporations                                  |
|--|
| SUBJECT: CONSTRUCTION HANDWARE SANTCES, LLC 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:        |
| Jose Guiller  Name of Person   |
| P.O. BUX TALLAHASSEE, PC 32315  3533 Address                                     |
| City/State and Zip Code  |
| E-mail address: (to be used for future annual report notification)               |
| For further information concerning this matter, please call:                     |
| José Guille at (850) 590-3429  Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount:                                    |
| □\$125.00 Filing Fee   |

Mailing Address
New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the islance is   | ability Company is:  |                              |   | 110   |
|--|--|------------------------------|---|---|
| CONST  | MULTION  | HANDW                        | ane se  | envices, LL   |
| (Must  | contain the words "Limited   | l Liability Compan           | y, "L.L.C.," or "L                                | LC.")   |
| ARTICLE II - Address:  |  |                              |   |   |
| The mailing address and str  | eet address of the principal   | office of the Limit          | ed Liability Comp                                 | any is:   |
| <b>V</b> j.  | ATLING<br>Incinal Office Address:  |                              | Mail  | ing Address:  |
| <u></u><br>مرابط ا   | The ist in I/A   | ישיא מונים באצים             | 1660 100  | work RP.  |
| KE LINS  | 11ch (100 /71)   |                              | TALLAHAS  | Con Ft 7230 3   |
| POR  | $\sqrt{2}$   |                              | (14-0-4-1-12)                                     | <del>) <u> </u></del>   |
| A-4-C-LAC  | - X  |                              |   |   |
|  | 1 2233 [HI   | Alters Sec. Fo               | 32315   |   |
| ARTICLE III - Registere<br>(The Limited Liability Con                                | イト コンスターHW<br>d Agent, Registered Office<br>many cannot serve as its ow              | n Registered A               | 32315<br>gent's Signature:<br>at. You must design | nate an individual or   |
| ARTICLE III - Registere<br>(The Limited Liability Con<br>another business entity wit | d Agent, Registered Office opany cannot serve as its ow han active Florida registrat | n Registered Ager<br>ion.)   | 32315<br>gent's Signature:<br>nt. You must desig  | any is:  PRINCIPAL  ling Address:  PRICK PP  See FC 32303   nate an individual or |
|  |  |                              | gent's Signature:<br>nt. You must desig           | nate an individual or   |
|  | treet address of the register  | ed agent are:                |   |   |
|  | treet address of the register  | ed agent are:                |   |   |
|  | treet address of the register  | ed agent are:                |   |   |
|  | treet address of the register  | ed agent are:  Name  +C4 Aus | Talla Ha  | nate an individual or  SSEE, FL 3230  |
|  | treet address of the registere  Jose Gu  16 10 My N:                                 | ed agent are:  Name  +C4 Aus | Talla Ha  |   |
|  | treet address of the registere  Jose Gu  16 10 My N:                                 | ed agent are:  Name  +C4 Aus | Talla Ha  |   |

jurther 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:   |        |
|--|---|---|--------|
|  | authorized Member   |   |        |
| "MGR" = M:   | ınager  |   |        |
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|  | ,   |   | -      |
|  | AMBR  | Too Gutlland  |        |
| <u> </u>   | <u></u>   | 10) E (10) L(E/V)   | -      |
|  |   | JOSE GUILLEN<br>1610-MYNICH RO.<br>TALLAGRASSEE, FG 32303   | -      |
|  |   | TAMAMA 3500 7 5 2 300   |        |
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ARTICLE IV-