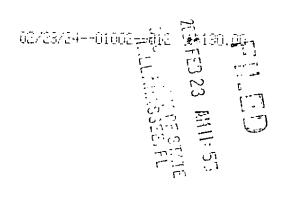
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## COVER LETTER

TO: New Filing Se Division of Co			
SUBJECT:Ma	Movga Qual Name of Lin	1ty Construct	ian LLC
The enclosed Articles of	Organization and fee(s) are	e submitted for filing.	
Please return all corresp	ondence concerning this ma	itter to the following:	
Re	maldo M	ayovga Ram	1452
		Firm/Company	
956	Burntleaf	Address	
_tall		FI 32310 ity/State and Zip Code	
<u> </u>	ay02726	gmal, com for future annual report notificat	ion)
For further information co	ncerning this matter, please	call:	
		SSO ) S67 4 S rea Code Daytime Telephon	ie Number 5 5 5
Enclosed is a check for t	-	□\$155 00 PU V 8	$\simeq$ $3$ $^{-1}$
13123.00 Filing Fee	Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Fiting Fee. Certificate offStatus & Certified Copy (c) (additional copy is enclosed)
	ig Address	Street Address New Filing Section D	ivicion

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA  ARTICLE 1 - Name:	ALIMITED LIABILITY COMPANY			
The name of the Limited Liability Company is:				
Mayorga Quality (Must contain the words "Limited Liability)	Construction LLC. Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal office of the	ne Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
956 bountleaf In	956 bountleaf In			
Tallahassee Fl 32310	Tallahorsee Fl 32310			
956 burntles	ed Agent. You must designate an individual or  ::			
Florida street address (P.O. Box NOT acceptable)				
Tallahassee to	13人31〇 te Zip			
Having been named as registered agent and to accept service of proc place designated in this certificate. I hereby accept the appointment a further agree to comply with the provisions of all statutes relating to t am familiar with and accept the obligations of my position as register Registered Agen	ress for the above stated limited liability company at the its registered agent and agree to act in this capacity. I the proper and complete performance of my duties, and I red agent as provided for in Chapter 605, F.S.:			

(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 Mayorga Ramvez In tallahussee t-1 32310 Cristian Mayorja In tallahassee Fl 32310 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_ (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any.

REOUIRED SIGNATURE:

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. This document is executed in accordance with section of the Department of State I am aware that any false information submitted in a document to the Department of State I am aware that any false information submitted in a document to the Department of State I am aware that any false information submitted in a document to the Department of State I am aware that any false information submitted in a document to the Department of State I am aware that any false information submitted in a document to the Department of State I am aware that any false information submitted in a document to the Department of State I am aware that any false information submitted in a document to the Department of State I am aware that any false information submitted in a document to the Department of State I am aware that any false information submitted in a document to the Department of State I am aware that any false information submitted in a document to the Department of State I am aware that any false information submitted in a document to the Department of State I am aware that any false information submitted in a document to the Department of State I am a submitted in a document to the Department of State I am a submitted in a document to the Department of State I am a submitted in a document to the Department of State I am a submitted in a document to the Department of State I am a submitted in a document to the Department of State I am a submitted in a document to the Department of State I am a submitted in a document of State I am a submitted in a document of State I am a submitted in a document of State I am a submitted in a document of State I am a submitted in a document of State I am a submitted in a document of State I am a submitted in a document of State I am a submitted in a document of State I am a submitted in a document of State I am a submitted in a document of State I am a submitted in a document of State I am a submitted in a submitted in

constitutes a third degree felony as provided for in s.817.155, F.S.

### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)