

L09000012894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

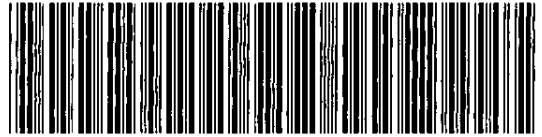
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400142972344

02/06/09--01031--001 **125.00

2009 FEB - 6 PM 12: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS

FEB 9 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FIRST KINGDOM FINANCES 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:

TONY ASENCIO

(Name of Person)

FIRST KINGDOM FINANCES LLC

(Firm/Company)

216 CASA SEVILLA AVE

(Address)

ST AUGUSTINE, FL 32092

(City/State and Zip Code)

For further information concerning this matter, please call:

TONY ASENCIO

(Name of Person)

at (**904**) **449-2523**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$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 Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FIRST KINGDOM FINANCES LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

216 CASA SEVILLA AVE
ST AUGUSTINE, FL 32092

216 CASA SEVILLA AVE
ST AUGUSTINE, FL 32092

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:

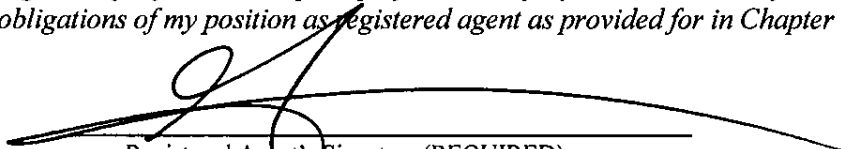
TONY ASECIO
Name

216 CASA SEVILLA AVE
Florida street address (P.O. Box NOT acceptable)

ST AUGUSTINE FL
City, State, and Zip

FILED
2009 FEB - 6 PM 12: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 608, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

1 of 4

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2009 FEB -6 PM 12: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

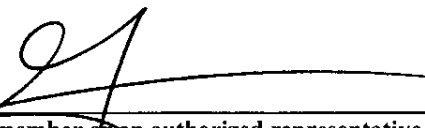
Name and Address:

MGR _____	LAWRENCE E FERREL _____ 132 WOODLANDS CREEK DR _____ PONTE VEDRA, FL 32082 _____
MGR _____	ANA M FERREL _____ 132 WOODLANDS CREEK DR _____ PONTE VEDRA, FL 32082 _____
MGR _____	LUIS CALDERON _____ 2855 ANNISTON RD _____ JACKSONVILLE, FL 32246 _____
MGR _____	ALEJANDRO OCAMPO _____ 2463 TWINSRING DR N _____ JACKSONVILLE, FL 32246 _____

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 02/01/2009 (OPTIONAL)
(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.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

TONY ASECNCIO

Typed or printed name of signee

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)

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FILED

2009 FEB -6 PM 12: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR _____

ALEX FUNES
9745 TOUCHTON RD UNIT 502
JACKSONVILLE, FL 32246

MGR _____

GARLIN LIZAMA
3159 ASH HARBOR DR E
JACKSONVILLE, FL 32246

MGR _____

DIEGO PEREZ
124 TROPIC DR
JACKSONVILLE, FL 32225

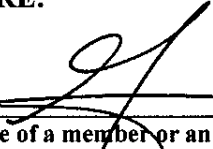
MGR _____

VICTOR JARAMILLO
12401 TROPIC DR
JACKSONVILLE, FL 32225

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 02/01/2009 (OPTIONAL)
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(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

TONY ASECIO

Typed or printed name of signee

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)

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FILED

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

2009 FEB -6 PM 12: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

TONY ASENCIO

216 CASA SEVILLA AVE

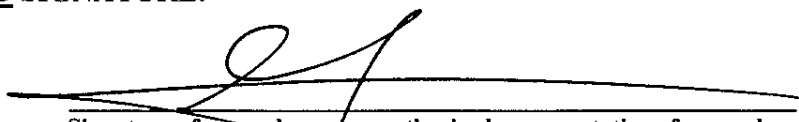
ST AUGUSTINE, FL 32092

(Use attachment if necessary)

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TONY ASENCIO

Typed or printed name of signee

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)

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