

L15000027832

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TALLAHASSEE, FLORIDA

FEB 16 2015

*Gary J. Fernandez & Associates, Ltd.*

Attorney at Law  
1200 Roosevelt Road, Suite 150  
Glen Ellyn, Illinois 60137

Telephone: (630) 953-1340  
Facsimile: (630) 953-1972  
E-mail: GJF310@yahoo.com

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February 3, 2015

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

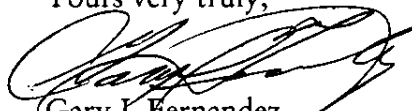
Re: Orl Col ALf, LLC

Dear Sir or Madame:

Enclosed please find the Articles of Organization for the above corporation. Please file the same at your earliest convenience.

Should you have any questions or concerns, please do not hesitate to call.

Yours very truly,

  
Gary J. Fernandez

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Orl Col Alf, 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:

Gary J. Fernandez  
Name of Person

Gary J. Fernandez & Associates, Ltd.  
Firm/Company

1200 Roosevelt Road, Suite 150  
Address

Glen Ellyn, Illinois 60137  
City/State and Zip Code

gjf310@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Gilliland at (            )             
Name of Person 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:

Orl Col Alf, 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:

2130 N. Ocean Boulevard, Unit 6  
Fort Lauderdale, Florida 33305

2130 N. Ocean Boulevard, Unit 6  
Fort Lauderdale, Florida 33305

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:

Michael Gilliland  
Name

2130 N. Ocean Boulevard, Unit 6  
Florida street address (P.O. Box **NOT** acceptable)

Fort Lauderdale                      FL 33305  
City    Zip

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*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:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Michael Gilliland

2130 N. Ocean Boulevard, Unit 6

Fort Lauderdale, Florida 33305

MGR

Patrick Gilliland

2130 N. Ocean Boulevard, Unit 6

Fort Lauderdale, Florida 33305

MGR

Bo Sharon

2130 N. Ocean Boulevard, Unit 6

Fort Lauderdale, Florida 33305

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL) or 90 days after 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 the date of filing.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

*MC Gilliland*

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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

*Michael C. Gilliland*

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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15-09-9 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA