## L17000136427

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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## **COVER LETTER**

TO: New Filing Section Division of Corporations	
Izela.	
SUBJECT: AFAGONS Co	SUSTRUCTION LLC
	nited Liability Company
	·
The enclosed Articles of Organization and fee(s) ar	re submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Nertalu Arag	IND SALKHEFO
1-47 (6.2)	Name of Person
ARAGONS CON	STRUCTION LLC
	Firm/Company
407	w -
1243 RUGE	Address
	Addiess
anenda FI	3246 O
SNEADS FL	City/State and Zip Code
NICK SOLGOFT O	for future annual report notification)
É-mail address: (to be use	for future annual report notification)
For further information concerning this matter, pleas	se call:
Next bry at (	973-) 573 13 17 Area Code Daytime Telephone Number
Name of Person A	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee &	\$155.00 Filing Fee & \$160.00 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status & Certified Copy  (additional copy is enclosed) Certified Copy
•	(additional copy is enclosed)
Mailing Address	Street Address Now Filing Section
New Filing Section Division of Corporations	New Filing Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, Fl. 32314	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:

Must contain 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:

<u>Pr</u>	incipal Office Addre	<u>ss</u> :		Mailing Addr	ess:
2243	RIVER RD	Swedds For	<u>. (</u>	ions)	

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:

Neffby Name

3343 RIVER RO

Florida street address (P.O. Box NOT acceptable)

SUCHAS FL- 32460

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)

Title: "AMBR" = Authorized Member)	Name and Address:			
"MGR" = Manager	NEITBY BRABON SALGUETO			
	2243 RIVER RD SNEWS FL. 334			
	BUTHORIZED MEMBER.			
(Use attachment if necessary)				
(Use attachment if necessary)  ICLE V: Effective date, if other than the dat	te of filing: (OPTIONAL)			
ICLE V: Effective date, if other than the date in effective date is listed, the date must be state of filing.)  If the date inserted in this block does not locument's effective date on the Department of the Dep				
ICLE V: Effective date, if other than the date of filing.)  If the date inserted in this block does not ocument's effective date on the Departmen	specific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as at of State's records.			
ICLE V: Effective date, if other than the date in effective date is listed, the date must be state of filing.)  If the date inserted in this block does not locument's effective date on the Department of the Dep	specific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as at of State's records.			
ICLE V: Effective date, if other than the date in effective date is listed, the date must be state of filing.)  If the date inserted in this block does not locument's effective date on the Department ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be listed as at of State's records.			
ICLE V: Effective date, if other than the date of filing.)  If the date inserted in this block does not ocument's effective date on the Department ICLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a nor This document is exect I am aware that any fall.	specific and cannot be more than five business days prior to or 90 days after a meet the applicable statutory filing requirements, this date will not be listed as not of State's records.			

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)