## Criando, Florida 32836 Office telephone 407-649-8411 Z DAY Home telephone 407-363-0939

February 11, 2001

500003707145--8 -02/16/01--01073--002 \*\*\*\*\*480:00 \*\*\*\*160.00

Registration Section Division of Corporations P.O. BOX 6327New Account Department Tallahassee, FL 32314 (850) 487-6051

Dear Representative,

1-1-2566

As stated in your article of organization, I am enclosing complete and executed forms along with my name, address and daytime telephone number - see above. And a check in the amount of 480.00 for the filing fees.

Please confirm acceptance of my request in writing or by telephone. Should you have any questions feel free to call me.

incerely. Victor E. Castellanos

PM 12: T မ္မ

1.5

E DATF 61

## ➤ ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Castellaros & Associations, LLC

ARTICLE II - Address: 10069 Core Lake Drive, Oplando, FL 32836 The mailing address and street address of the principal office of the Limited Liability Company is:

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

SOPB Name LAKE **RIV**王 OVE Florida street address (P.O. Box <u>NOT</u> acceptable) DRIANDO FL 3283 City, State, and 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 positions as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature

Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

effective date is requested) An additional article must an Signature of a member or an authonized 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.)

nR. NA.UZIZ

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)