

LD40000047002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

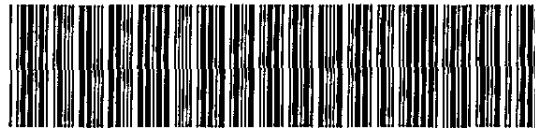
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800037928528

06/21/04--01052--030 **130.00

FILED
04 JUN 21 AM 11:29
SECURITY STATE
TALLAHASSEE, FLORIDA

LD
6-23-04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The First Gueter Aurelien 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:

Gueter Aurelien
(Name of Person)

Gueter Aurelien Enterprises Inc
(Firm/Company)

7460 N. Gahmont Dr.
(Address)

Miami, FL 33015
(City/State and Zip Code)

For further information concerning this matter, please call:

Gueter Aurelien at (786) 271-3547
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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

FILED
04 JUN 21 AM 11:29
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

The First Gueter Aurelien, LLC

ARTICLE II - Address:

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

Principal Office Address:

7460 N Oakmont Dr.
Miami, FL 33015

Mailing Address:

7460 N Oakmont Dr.
Miami, FL 33015

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

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

Gueter Aurelien Enterprises, Inc.
Name

7460 N Oakmont Dr.
Florida street address (P.O. Box **NOT** acceptable)

Miami, FL 33015
City, State, and Zip

FILED
04 JUN 21 AM 11:29
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, Florida Statutes..


Registered Agent's Signature

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

Gueter Avelen
7460 N Oakmont Dr
Miami, FL 33015

MGRM

Avelen Wright Revocable
Living Trust dated Jan. 23, 2002
7460 N Oakmont Dr, Miami, FL 33015


MGRM

The Selenge Amalgam Trust
7460 N Oakmont Dr
Miami, FL 33015

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

Gueter Avelen
Typed or printed name of signer

FILED
04 JUN 21 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 (Options))