

L 04 0000 7937.

(Requestor's Name)



Mr. Gonzalo Gonzalez  
3501 Wildflower Dr  
Coral Springs, FL 33065-6008

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

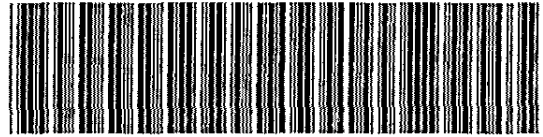
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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GONZALO RUBALCABA LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

3501 WILD FLOWER DR

CORAL SPRINGS, FL 33065

**Mailing Address:**

3501 WILD FLOWER DR

CORAL SPRINGS, FL 33065

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

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

GONZALO J. GONZALEZ

Name

3501 WILD FLOWER DR

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

CORAL SPRINGS

FLORIDA 33065

City, State, and Zip

REGISTRAR  
ALLAHASSEE, FLORIDA

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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 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:**

MGRM \_\_\_\_\_

GONZALO J GONZALEZ \_\_\_\_\_

3501 WILD FLOWER DR \_\_\_\_\_

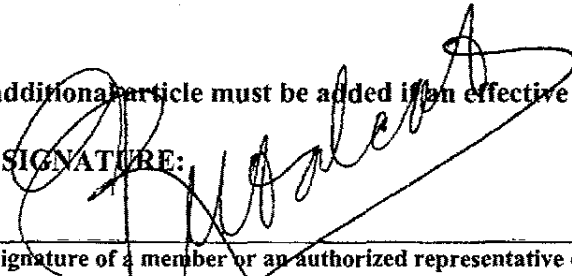
CORAL SPRINGS, FL 33065 \_\_\_\_\_

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(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.)

GONZALO J GONZALEZ \_\_\_\_\_

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FILED**

**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)