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CONTACT:	KATIE WO	<u>NSCH</u>		
DATE:	<u>2/25/05</u>			
<b>REF.</b> #:	01260.35249	!		
CORP. NAME:	JUAN CARI	LOS GONZALEZ, LLC		
( ) ARTICLES OF INCO	PRPORATION	( ) ARTICLES OF AMENDMENT	( ) ARTICLES OF DISSOLUTION	
( ) ANNUAL REPORT		( ) TRADEMARK/SERVICE MARK	( ) FICTITIOUS NAME	
( ) FOREIGN QUALIFIC	CATION	( ) LIMITED PARTNERSHIP	( XX) LIMITED LIABILITY	
( ) REINSTATEMENT		( ) MERGER	( ) WITHDRAWAL	
( ) CERTIFICATE OF C	CANCELLATION			
( ) OTHER:			2005 FEB 25	
STATE FEES PR	REPAID WI	TH CHECK# <u>45978</u> FOR \$ <u>12</u>	25.00	•
AUTHORIZATI	ON FOR A	CCOUNT IF TO BE DEBITI	- C - C - C - C - C - C - C - C - C - C	٠ ٢ ٢
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( ) CERTIFIED COPY		ERTIFICATE OF GOOD STANDING	( XX ) PLAIN STAMPE	:D СОР <b>У</b>

Examiner's Initials

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
JUAN CARLOS GONZALEZ, LLC				
ARTICLE II - Address:				
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
4141 QUAIL BRIAR DR	4141 QUAIL BRIAR DR			
VALRICO, FL 33594	VALRICO, FL 33594			
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the reg				
JUAN CARLOS GONZALE				
Name	Z Z ZALLAHASS			
4141 QUAIL BRIAR DR	8 2. L			
Florida street address (P.O	Box NOT acceptable)  FI 2: 38			
VALRICO, FL 33594	OR STATE			
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 position as registered agent as provided for in Chapter 608, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

## ARTICLE IV - Manager(s) or Managing Member(s

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member	JUAN CARLOS GONZALEZ	
MGRM	4141 QUAIL BRIAR DR	
	VALRICO, FL 33594	
(Use attachment if necessary)		
NOTE: An additional article must be add	ed 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.)

JUAN CARLOS GONZALEZ

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) 2005 FEB 25 PM 2: 38