

L05000028368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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W05-4982

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DIVISION OF CORPORATIONS

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A + A Wholesale, 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:

Aura E. Espinoza + Elvira Noy
(Name of Person)

A + A Wholesale LLC
(Firm/Company)

1901 West 60th St.
(Address)

Hialeah, Fl. 33012
(City/State and Zip Code)

For further information concerning this matter, please call:

Aura E. Espinoza at (305) 827-4122
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 31, 2005

ANGELA SUAREZ.

AURA E. ESPINOZA & ~~ENVIRA NOT~~
A & A WHOLESALE LLC
1901 W. 60TH ST.
HALEAH, FL 33012

SUBJECT: A & A WHOLESALE, L.L.C.
Ref. Number: W05000004982

We have received your document for A & A WHOLESALE, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock
Senior Section Administrator

Letter Number: 405A0000680

Gustavo Rocha (3 pgs)

March 9, 2005

TO WHOM IT MAY CONCERN:

REF: A & A WHOLESALE, LLC.
Ref Number: W05000004982

Please notice that A & A WHOLESALE, LLC will be under the owners' names of AURA E. ESPINOSA AND ANGELA SUAREZ.

ELVIRA NOY sold the assets of JORDAL FASHIONS AND DISCOUNT, INC. to AURA E. ESPINOSA AND ANGELA SUAREZ and the Company will be registered under the name of A & A WHOLESALE, LLC. That also includes ASHLEY 99 DISCOUNT, INC Business which was closed in January of this year.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Gustavo Rocha', with a stylized flourish at the end.

Gustavo Rocha

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A & A Wholesale, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:1901 West 60th St
Hialeah, FL 33012Mailing Address:Aura E. Espinoza
1940 NW 63rd
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:

Aura E. Espinoza
Name
17940 NW 63rd
Florida street address (P.O. Box NOT acceptable)
Miami, FL 33015
City, State, and Zip05 MAR 18 PM 4:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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 508, F.S.

Aura Espinoza
Registered Agent's Signature

(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

"MGRM" = Managing Member

Name and Address:MGRAura E. Espinoza
1940 NW 63rd
Miami, FL 33015MGRANGELA SUAREZ
17275 SW 102 ST
MIAMI, FL 33156

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

x Aura Espinoza
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.)

Aura E. Espinoza
Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)