

LOS000038896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

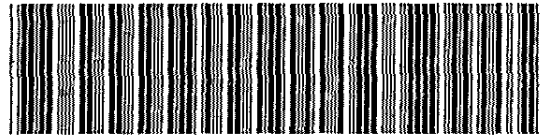
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W05-14212 2848

Office Use Only



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03/16/05--01026--010 \*\*160.00

FILED  
05 APR 18 AM 13:47  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

March 18, 2005

ASCENCION AMAYAGABUARDI  
705 LIVE OAK ST.  
NEW SMYRNA BEACH, FL 32168

SUBJECT: ASCENSION AMAYA CONSTRUCTION  
Ref. Number: W05000014212

We have received your document for ASCENSION AMAYA CONSTRUCTION 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 name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

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) 245-6890.

Jason Merrick  
Document Specialist

Letter Number: 405A00018785

05 APR 18 AM 10:47  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ascension Amaya Construction  
(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:

ASCENSION AMAYA GABUARDI  
(Name of Person)

Ascension Amaya Construction  
(Firm/Company)

705 ~~New Smirna Beach~~ <sup>Tau</sup> 324 Live Oak St.  
(Address)

New Smirna Beach, FL, 32168  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ascension Amaya at 386 235 2479  
(Name of Person) (Area Code & Daytime Telephone Number)  
715 493 1430

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

RECEIVED  
TALLAHASSEE, FLORIDA

05 APR 18 AM 10:47

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Ascension Amaya Construction, LLC

## ARTICLE II - Address:

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

### Principal Office Address:

### Mailing Address:

Ascension Amaya  
705 Live oak St.  
New Smyrna Beach 32162, FL

Ascension Amaya  
705 Live oak St.  
New Smyrna Beach 32162, FL

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

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

Ascension AMAYA GABUARDI  
Name

705 Live oak Street  
Florida street address (P.O. Box NOT acceptable)

New Smyrna Beach FL 32162, FL  
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, F.S..

  
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:**

MGR

Ascension Amaya Gabuadori  
705 Live Oak St.  
New Smyrna Beach 32168, FL

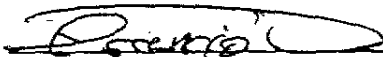
MGRM

Ascension Amaya Gabuadori  
705 Live Oak St.  
New Smyrna Beach 32168, FL

(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.)

ASCENSION AMAYA GABUADORI

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)

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TALLAHASSEE, FLORIDA

05 APR 18 AM 10:27