

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305) 634-3694

Fax Number : (305) 633-9696

RECEIVED  
05 MAY -6 PM12:09  
DIVISION OF CORPORATION

JM

05 MAY -6 AM10:26  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY**

**on time, llc**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00



H05000116/51

**ARTICLES OF ORGANIZATION**

**FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name of Limited Liability Company: **ON TIME, LLC**

ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

Address: **1261 SE 31 CT, #204**

City, State & Zip: **HOMESTEAD, FL 33035**

ARTICLE III - Registered Agents Name, Office Address, & Registered Agents Signature:

**ILEANA CASTILLO**  
Name

**1261 SE 31 CT, #204**  
Address (P.O. Box NOT Acceptable)

**HOMESTEAD, FL 33035**  
City, State, 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..*

Ileana Castillo

Registered Agent's Signature

Date 05/06/2005

☐ Article IV - Management (Check box if applicable.)  
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. Specify name & address(es).

1.

Ileana Castillo

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.

**ILEANA CASTILLO**  
Typed or printed name of signee

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STATE OF FLORIDA  
TALLAHASSEE