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TALLAHASSEE, FLORIDA

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

*Aguilar Properties, LLC*

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- ☐ Art of Inc. File\_\_\_\_\_
- ☐ LTD Partnership File\_\_\_\_\_
- ☐ Foreign Corp. File\_\_\_\_\_
- ☒ L.C. File\_\_\_\_\_
- ☐ Fictitious Name File\_\_\_\_\_
- ☐ Trade/Service Mark\_\_\_\_\_
- ☐ Merger File\_\_\_\_\_
- ☐ Art. of Amend. File\_\_\_\_\_
- ☐ RA Resignation\_\_\_\_\_
- ☐ Dissolution / Withdrawal\_\_\_\_\_
- ☐ Annual Report / Reinstatement\_\_\_\_\_
- ☒ Cert. Copy\_\_\_\_\_
- ☒ Photo Copy\_\_\_\_\_
- ☐ Certificate of Good Standing\_\_\_\_\_
- ☐ Certificate of Status\_\_\_\_\_
- ☐ Certificate of Fictitious Name\_\_\_\_\_
- ☐ Corp Record Search\_\_\_\_\_
- ☐ Officer Search\_\_\_\_\_
- ☐ Fictitious Search\_\_\_\_\_
- ☐ Fictitious Owner Search\_\_\_\_\_
- ☐ Vehicle Search\_\_\_\_\_
- ☐ Driving Record\_\_\_\_\_
- ☐ UCC 1 or 3 File\_\_\_\_\_
- ☐ UCC 11 Search\_\_\_\_\_
- ☐ UCC 11 Retrieval\_\_\_\_\_

Signature

Requested by:

*WL* *9/26* *11:00*

Name

Date

Time

Walk In

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

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:  
AGUILAR PROPERTIES, 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:  
16135 BARRY ROAD  
DADE CITY, FL 33523

Mailing Address:  
PO BOX 1827  
DADE CITY, FL 33526

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**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE**

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

TIM NEWLON 12146 CURLEY ROAD, SAN ANTONIO, FL 33576

*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

**ARTICLE IV MANAGER(S) OR MANAGING MEMBER(S)**

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

Title:	Name & Address:
MGMR	SALVADOR AGUILAR 16135 BARRY ROAD, DADE CITY, FL 33523

**REQUIRED SIGNATURE**

  
Signature of member or authorized representative of member

*(In accordance with §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.)*

**SALVADOR AGUILAR**

\_\_\_\_\_  
Typed or printed name of signee