## 205000121818

(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:			

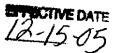
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FILED SECRETARY OF STAIL DIVISION OF CORPORATION



## **COVER LETTER**

TO:	Registration Se Division of Cor				
		0:0:10 20	Incia IIC		
SUBJE	SUBJECT: CIRIACO PALACIO L.L.C. (Name of Limited Liability Company)				
	•	(1.3.11.2 0.1 2.11.2			
The enc	losed Articles of	Organization and fee(s) are	submitted for filing.	**	
Please return all correspondence concerning this matter to the following:					
		Ciriaco F	PALACIO	·	
	CikiqCo PALACIO (Name of Person)				
_		Ciriaco +	Palacio L.L. (Firm/Company)	C.	
-			(Firm/Company)		
	1816			TAX, F/A 32254	
			(Addréss)	•	
-		JACKSONVILL	ty/State and Zip Code)		
		(C	ity/State and Zip Code)		
For further information concerning this matter, please call:					
	Ciain co	DALACIO	at ( <u>469</u> <u>446</u> (Area Code & Daytime	705 DEC 2 Telephone Number) PH 4: 2	
	(Name	of Person)	(Area Code & Daytime	Telephone Number)	
Enclose	ed is a check fo	or the following amount:		-	
_		_		N	
L=7\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status &	
			(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	
		Mailing Address	<u>Street/Courier Addi</u>	ress	
		Registration Section	Registration Section	ions	
		Division of Corporations P.O. Box 6327	Division of Corporat Clifton Building	ions	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Ciking to Palacio  [Must end with the words "Limited Liability Company, "Limited	L.L.Ce Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7816 Southside Blud APRO Theksomuille, Fla 32256	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
1814 Southside	PM OF SIALL CORPORATION  To The 32256  ess (P.O. Box NOT acceptable)  26
City, State, an	FL 32256
Having been named as registered agent and to a	ccept service of process for the above stated limited

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 (REQUIRED)

(CONTINUED) Page 1 of 2

12-15-05

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	CINIACO PALACIO 1816 SOUTHSIDE BIND ADT #80 JACKSONVINE, FIN 31254
	2005 DEC 21
· · · · · · · · · · · · · · · · · · ·	PH 4: 26
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the c (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: 12/15/05. (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:  Signature of a member	or an authorized representative of a member.
(In accordance with sect of this document constit	tion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury

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)

Typed or printed name of signee