

Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

**L06000023089**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000052076 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : XIOMARA LEE, P.A.  
Account Number : I20040000008  
Phone : (305)262-2323  
Fax Number : (305)262-2324

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2006 MAR -2 AM 8:30

RECEIVED  
06 MAR -2 AM 11:17  
DIVISION OF CORPORATIONS

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**TOMMY GIL LLC**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help

*DB*



March 2, 2006

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

A.B.S. OF JACKSONVILLE, INC.

SUBJECT: AFFORDABLE LEASING, LLC  
REF: W06000010238

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2006 MAR -2 AM 8:30

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 1, 2006. Please amend your document 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) 245-6984.

Deborah Bruce  
Document Specialist

FAX Aud. #. W06000054253  
Letter Number: 306A00014619

((H060000520763))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TOMMY GIL LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

7545 WEST 24 AVE SUITE 100  
HIALEAH, FL 33018

7545 WEST 24 AVE SUITE 100  
HIALEAH, FL 33018

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

TOMMY GIL

Name

7545 WEST 24 AVE SUITE 100

Florida street address (P.O. Box NOT acceptable)

HIALEAH FL 33018

City, State, and Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2006 MAR - 2 AM 8:30

*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.,*

*Tommy Gil*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

((H060000520763))

((H060000520763))

**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

TOMMY GIL

7545 WEST 24 AVE

HIALEAH, FL 33016

MGR

DIANA GIL

7545 WEST 24 AVE

HIALEAH, FL 33016

2006 MAR -2 AM 8:30

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

*Tommy Gil*

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.)

TOMMY GIL

Typed or printed name of signee

**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)

((H060000520763))