

Florida Department of State

Division of Corporations

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To:

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Fax Number : (850) 205-0383

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DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

TOMMY GIL LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

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DB



March 2, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

A.B.S. OF JACKSONVILLE, INC.

SUBJECT: AFFORDABLE LEASING, LLC
REF: W06000010238

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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

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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:

7545 WEST 24 AVE SUITE 100

HIALEAH, FL 33018

Mailing Address:

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

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)

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(CONTINUED)

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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

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(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)

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