

L06000074882

(Requestor's Name)

Abraham Nieves

1105 Cinnamon Way W.  
Lake Land, FL 33801

(City/State/Zip/Phone #)

☐ PICK-UP

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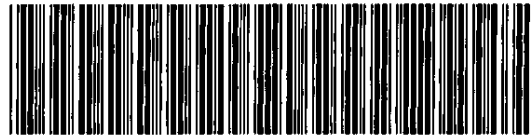
(Business Entity Name)

(Document Number)

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

**OF**

**CENTRAL FLORIDA CONSULTANTS, LLC**

**ARTICLE I: NAME**

The name of the Limited Liability Company is: CENTRAL FLORIDA CONSULTANTS, LLC.

**ARTICLE II: ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 1105 CINNAMON WAY WEST, LAKE LAND, FLORIDA 33801.

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

The name and the Florida street address of the registered agent is: (Do not use a P.O. Box) ABRAHAM NIEVES and 1105 CINNAMON WAY WEST, LAKE LAND, FLORIDA 33801.

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 Chapter 608, F.S.

**ARTICLE IV: MANAGEMENT**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.



Signature of authorized representative

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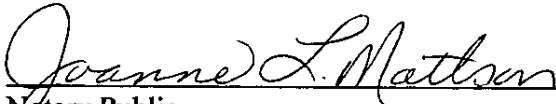
(In accordance with section 608.408(3), Florida Statutes, the execution of the document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

  
ABRAHAM NIEVES – Registered Agent (signature)

Abraham Nieves  
ABRAHAM NIEVES - Registered Agent (print)

State of FLORIDA  
County of Polk

On 7-26-06, ABRAHAM NIEVES, who is personally known to me, or produced a FLORIDA driver's license as identification, license # N12000-61-428-0 personally appeared before me at the time of notarization, and, after being given the oath, acknowledged signing these Articles of Organization For Florida Limited Liability Company of CENTRAL FLORIDA CONSULTANTS, LLC.

  
Notary Public

Joanne L. Mattson  
(Notary Public - Printed Or Typed Name)

Commission Expiration Date & Commission Number:

(SEAL)



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