# 10600009/140

(Requestor's Name)			
(Address)			
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(Ci	ty/State/Zip/Phone	e #)	
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(Business Entity Name)			
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2006 SEP 15 P 3: 27
SECRETARY OF STATE

# **COVER LETTER**

TO: Registration Se Division of Co			
SUBJECT:	168 Prime A. (Name of Limite	LLC d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	1' (	Name of Person)	
	(	Name of Person)	
168	Prime A,	LLC	
	(	Firm/Company)	700 S TAI
101	Eucalypt	us Ave.	2006 SEP SECRETA SALLAHAS
		(Address)	AS I
$C_{ra}$	ogrant City	(Address)  FL 32 113 (State and Zip Code)	RY OF SSEE.
	(Oity	/State and Zip Code)	105 m
	concerning this matter, please		; 27 FATE DRIDA
Alhino Ga	W of Person)	at ( 386 ) 698 (Area Code & Daytime T	2-3749
(		(1100 00000 50 50,11110 .	orepriorie (various)
Enclosed is a check for	or the following amount:		
■ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Must end with the words "Limited Liability Company, "Limited	d 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 Li	iability Company is:
Principal Office Address:	Mailing Address:	
101 Eucalyptus Ave. Crescent City, FL 32112	114 Timber La Palatka, FL 3	ne 2177
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent? red Agent. You must designate an indiv	s Signature:
The name and the Florida street address of the re	egistered agent are:	2006 SEP SECRETA TALLAHAS
114 Timber Florida street addit Palatku City, State, ar	ress (P.O. Box NOT acceptable)  FL 32/17  nd Zip	IS P 3: 27 RY OF STATE SEE, FLORIDA

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

### 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	Albino 6qw 114 Timber Lane Palatka, FL 32117
MGRM	Maria-Josefina Rivera-Gaw 114 Timber Lane Palatka, FL 32171
· · · · · · · · · · · · · · · · · · ·	700 SEP SECRET
	SSEE. FLO
(Use attachment if necessary)	2.1 RIDA

ARTICLE V: Effective date, if other than the date of filing: OC (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:** 

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.)

Albino Gaw 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)