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(Req	uestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificate	s of Status
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SECRITARY OF STALLAHASSEE, FLORID

TO ACM GULEDGE SUFFICIENCY OF FILING HEACHT OF STATE

# **COVER LETTER**

TO:		stration Se sion of Co	ection rporations			
SUBJE	ECT: _	Castillo	(Name of Limite	d Liability Compa	ny)	
The en	closed	Articles of	f Organization and fee(s) are s	ubmitted for filing	•	
Please	return	all corresp	ondence concerning this matte	er to the following:		
	Albe	rto Ca	stillo			
				Name of Person)		
	Cast	illo Ca	rpentry			
		· · · · · · · · · · · · · · · · · · ·	(	(Firm/Company)		
	773	B Auci	lla Rd.			
				(Address)		
	Mor	ticello	Fl. 32344			
			(City	/State and Zip Code)	)	
For fur	ther in	Cormation	concerning this matter, please	call:		
Alber	rto C	astillo		at ( 850 )	251 228	5
		(Name	of Person)		& Daytime T	elephone Number)
Enclos	sed is a	check fo	or the following amount:			
□ \$125	5.00 Fi	ling Fee	\$130.00 Filing Fee & Certificate of Status	\$155,00 Fil Certified Copy (additional copy is	,	\$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	Registration Division of Clifton Bu 2661 Exec	of Corporatio	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Castillo Beto LLC (Must end with the wo	<del>-</del>	any, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - A	Address:		
The mailing add	ress and street address	of the principal office of the Limited Liability Co	mpany is:
Principal Office	Address:	Mailing Address:	
7738 Aucilla Road		7738 Aucilla Rd	
Monticello Fl. 32344		Monticello Fl. 32344	<b>-</b>
		egistered Office, & Registered Agent's Signatur own Registered Agent. You must designate an individual or anoth	
(The Limited Liability business entity with a	Company cannot serve as its an active Florida registration.)	own Registered Agent. You must designate an individual or anoth	ner •
(The Limited Liability business entity with a	Company cannot serve as its an active Florida registration.)	s of the registered agent are:	ner •
(The Limited Liability business entity with a	Company cannot serve as its an active Florida registration.) e Florida street addres	own Registered Agent. You must designate an individual or anoth	06 NOV 20 F
(The Limited Liability business entity with a	Company cannot serve as its an active Florida registration.) e Florida street addres	s of the registered agent are:	06 NOV 20 PH
(The Limited Liability business entity with a	company cannot serve as its an active Florida registration.) e Florida street addres Alberto Castillo 7738 Aucilla Rd.	s of the registered agent are:	O6 NOV 20 PH 2:
(The Limited Liability business entity with a	company cannot serve as its an active Florida registration.) e Florida street addres Alberto Castillo 7738 Aucilla Rd.	s of the registered agent are:	DE NOV 20 PH

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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Alberto Castillo
	7738 Aucilla Rd
	Monticello Fl. 32344
<del></del>	
(Use attachment if necessary)	
EV. Effective date if other than t	he date of filing: (OPTION
fective date is listed, the date must	be specific and cannot be more than five business da
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.)

### 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)