Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247 Phone

: (800)494-3124

Fax Number

: (305)675-2811

FLORIDA/FOREIGN LIMITED LIABILIT JUAN GONZALEZ, LLC

Certificate of Status Certified Copy 0 Page Count 02 Estimated Charge \$125.00

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is: JUAN GONZALEZ, LLC

ARTICLE II ADDRESS

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

3522 FORREST PARK DRIVE

KISSIMMEE FL 34746

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE REGISTERED AGENT SIGNATURE

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

3522 FORREST PARK DRIVE

KISSIMMEE FL 34746

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated 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 applications of my position as registered agent as provided for in the proper and complete applications of my position as registered agent as provided for in the proper and complete applications of my position as registered agent as provided for in the proper and complete applications of my position as registered agent as provided for in the proper and complete applications of my position as registered agent as provided for in the proper and complete applications of my position as registered agent as provided for in the proper and complete applications of my position as registered agent as provided for in the proper and complete applications of my position as registered agent as provided for in the proper and complete applications of my position as registered agent as provided for in the proper and complete applications of my position as registered agent as provided for in the proper and complete applications are provided for in the proper agent as provided for in the proper agent agent as provided for in the proper agent age

NAVIGORZALEZ Registered Agent's Signature

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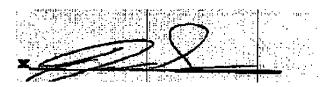
ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one members and is, therefore, a Member-Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
JUAN GONZALEZ
3522 FORREST PARK DRIVE
KISSIMMEE FL 34746





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.

NAME OF SIGNER JUAN GONZALEZ Typed or printed name of signee