

107000127821

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(Address)

(City/State/Zip/Phone #)

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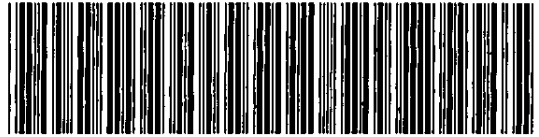
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EFFECTIVE DATE 12-21-07



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07 DEC 27 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 27 2007

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ltd co. LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ISRAEL GONZALEZ
(Name of Person)

Israel Gonzalez Floor Services LLC
(Firm/Company)

205 WILDWOOD DR. #15 ST. AUGUSTINE FL 32086
(Address)

St. Augustine FL 32086
(City/State and Zip Code)

For further information concerning this matter, please call:

Israel Gonzalez at (904) 392-7788
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
07 DEC 27 PM 1:17
TALLAHASSEE, FLORIDA
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2007

ISRAEL A. GONZALEZ
205 WILDWOOD DRIVE #15
ST. AUGUSTINE, FL 32086

SUBJECT: ISRAEL GONZALEZ FLOOR SERVICES L.L.C.
Ref. Number: W07000059521

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07 DEC 27 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ISRAEL GONZALEZ FLOOR SERVICES L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

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
Regulatory Specialist II

Letter Number: 407A00069137

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ISRAEL Gonzalez Bar Ser. LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

205 Wildwood Dr. #15
St. Augustine FL
32086

Mailing Address:

205 Wildwood Dr #15
St Augustine FL
32086

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:

Israel Gonzalez
Name

205 Wildwood Dr. #15
Florida street address (P.O. Box **NOT** acceptable)

St. Augustine FL 32086
City, State, and Zip

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TALLAHASSEE, 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..

Israel Gonzalez
Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE 12-26-07

(CONTINUED)

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

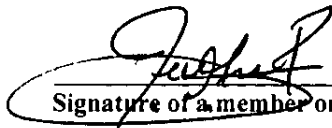
ISRAEL Gonzalez
205 Willowood Dr. 15
St. Augustine Fl. 32086

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12-26-07 (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:



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.)

ISRAEL Gonzalez

Typed or printed name of signee

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07 DEC 27 PM 4:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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)