L08000071140

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(614), 616(612), 116(614)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.
·

Office Use Only



200133265232

Effective Date 07/17/07

07/23/08--01011--021 **125.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
ON THE 23 AM II: 29

J. BRYAN

JUL 2 4 2008

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Aragon Partners 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: Janet Ziomek (Name of Person) Aragon Partners LLC (Firm/Company) 2416 Shoreham Road (Address) Orlando FL 32803 (City/State and Zip Code) For further information concerning this matter, please call: Janet Ziomek (Name of Person) Enclosed is a check for the following amount: \$125.00 Filing Fee \$\square\$\$130.00 Filing Fee & ■\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address** Street/Courier Address Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	08 JUL 23
Aragon Partners LLC	المراجع المراج
(Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	Company, "L.L.C.," or "LLC.") 23 25 35 35 35 35 35 35 35 35
Principal Office Address:	Mailing Address:
2416 Shoreham Road Orlando FL 32803	same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)	
The name and the Florida street address of the reg	gistered agent are: Effective Date o7 17 08
Janet Ziomek Name	
2416 Shoreham Road Florida street addre	ss (P.O. Box <u>NOT</u> acceptable)
Orlando FL 32803 City, State, and	FL

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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

ACDM	Albert Prast
MGRM	
	2416 Shoreham Road
	Orlando FL 32803
MGRM	Dale Turk
	2416 Shoreham Road
	Orlando FL 32803
MGRM	Janet Ziomek
	2416 Shoreham Road
	Orlando FL 32803
Use attachment if necessary)	
•	2/-/-
LE V: Effective date, if other than the	e date of filing: (OPTIC be specific and cannot be more than five business

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.)

Janet Ziomek

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)