

L08000084/69

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

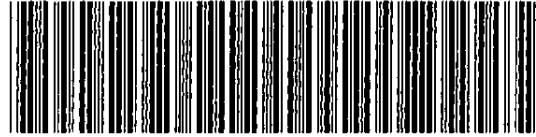
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W08-39120

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200134635242

Effective Date 09/04/08

08/20/08--01021--004 **160.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP -4 AM 8:17

J. BRYAN

SEP - 5 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANCHEZ & ASSOCIATES, 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:

ALLIET SANCHEZ

(Name of Person)

SANCHEZ & ASSOCIATES, LLC

(Firm/Company)

900 SW 62ND BLVD G-41

(Address)

GAINESVILLE, FL 32607

(City/State and Zip Code)

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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For further information concerning this matter, please call:

ALLIET SANCHEZ

(Name of Person)

at (352) 246-6400

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2008

ALLIET SANCHEZ
900 SW 62ND BLVD. G-41
GAINESVILLE, FL 32607

SUBJECT: SANCHEZ & ASSOCIATES, LLC
Ref. Number: W08000039120

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DIVISION OF CORPORATIONS
A 11 AM
08 SEP -4

We have received your document for SANCHEZ & ASSOCIATES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 408A00046933

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A. SANCHEZ & ASSOCIATES, 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:

ALLIET SANCHEZ

(Name of Person)

A. SANCHEZ & ASSOCIATES, LLC

(Firm/Company)

900 SW 62ND BLVD, G-41

(Address)

GAINESVILLE, FL 32607

(City/State and Zip Code)

For further information concerning this matter, please call:

ALLIET SANCHEZ

(Name of Person)

at (352) 246-6400

(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

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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A. SANCHEZ & ASSOCIATES, 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:

8620 NW 35TH RD
GAINESVILLE, FL 32606

Mailing Address:

8620 NW 35TH RD
GAINESVILLE, FL 32606

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:

Effective Date 09/04/08

ALLIET SANCHEZ

Name

8620 NW 35TH RD

Florida street address (P.O. Box **NOT** acceptable)

Gainesville FL 32606

City, State, and Zip

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

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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

ALLIET SANCHEZ

900 SW 62ND BLVD, G-41


GAINESVILLE, FL 32607

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DIVISION OF CORPORATIONS
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09/04/2008 (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.)

ALLIET SANCHEZ

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)