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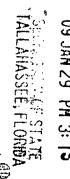
(Requestor's Nam	e)
(Address)	
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(City/State/Zip/Pho	ne #)
PICK-UP WAIT	MAIL
(Business Entity N	ame)
(Document Number	er)
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**B. KOHR** 

FEB - 2 2009

**EXAMINER** 

## COVER LETTER \*

TO:

Registration Section

Division of Corporations	
SUBJECT: A 66 CONSULT (Name of Limited L	TANT SERVICES, LIC.
The enclosed Articles of Organization and fee(s) are sub-	nitted for filing.
Please return all correspondence concerning this matter t	o the following:
ALAIN GON	ME of Person)
A 66 CONSULTAN	T SERVICES, LLC.
11181 SW 60th TE	(Address)
Hiami, FLORIDA (City/St	33173 ate and Zip Code)
For further information concerning this matter, please ca	II:
ALAIN GONZALEZ at (Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\int \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy 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

## ARTICLE I - Name: The name of the Limited Liability Company is: AGG CONSULTANT SERVICES (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: Mailing Address: Mailing Address:

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:

ALAIN GONZACEZ

Name

11181 SW GOH TERRACE

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

Migmi, FL 33/73

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

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:
Haragen	ALAIN GONZALEZ 11181 SW GOTHTERRACE Miami, FLORIDA 33173
	·
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than (If an effective date is listed, the date mus to or 90 days after the date of filing.)	the date of filing: (OPTIONAL)  t be specific and cannot be more than five business days prio
REQUIRED SIGNATURE:  Signature of a mer	ည်။ ပြီး ပြီး ပြီး ပြီး ပြီး ပြီး ပြီး ပြီး
of this document co	section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury and herein are true.)
ALAIM	V GONZALEZ 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)