

**L09000026908**

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H09000064516 3)))



H090000645163ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305) 444-4994  
Fax Number : (305) 444-4977

**FLORIDA/FOREIGN LIMITED LIABILITY CO.****GABRIEL CARBALLO CONSULTING, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

09 MAR 19 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAR 19 AM 7:37

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

**T. HAMPTON**

MAR 20 2009

<https://efile.sunbiz.org/scripts/efilcovr.exe>

3/19/2009

**EXAMINER**

((H09000064516)))

**ARTICLES OF ORGANIZATION**  
**OF**  
**GABRIEL CARBALLO CONSULTING, LLC**

**ARTICLE I**

The name of the limited liability company is **GABRIEL CARBALLO CONSULTING, LLC**

**ARTICLE II**

The address of the principal office and the mailing address of the limited liability company is:

3840 Lone Pine Drive  
Unit #1  
Holt, MI 48842

**ARTICLE III**

The purpose for which this Limited Liability Company is organized is any and all lawful business.

**ARTICLE IV**

The name and the Florida street address of the registered agent of the limited liability company is:

ARAGON REGISTERED AGENTS, INC.  
255 Alhambra Circle  
Suite 500  
Coral Gables, FL 33134

*Having been named as the 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.*

Date: 3/18/09

  
Registered Agent's Signature

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAR 19 AM 7:37

(((H09000064516)))

**ARTICLE V**

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

<b><u>Title:</u></b>	<b><u>Name and Address:</u></b>
Manager Member	Gabriel Carballo 3840 Lone Pine Drive Unit 1 Holt, MI 48842

*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.*

Authorized Signee:

  
\_\_\_\_\_  
GABRIEL CARBALLO

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAR 19 AM 7:37