LIDUUU015535

(Requestor's Name)	
(Address)	*
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PICK-UP WAIT MAIL	*
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	•
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B. KOHR

FEB 11 2010

EXAMINER

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SECRETARY OF STATE STATE STATE

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

		
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PORATION NAME(S) & DOCU	MENT NUMBER(S),	(if known):
A & G Cons (Corporation Name)	ultants	LLC
(Corporation Prante)	(Document #)	
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Annual Report	☐ Foreign	
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2021 (# 10#)	•	Examiner's Initials

CR2E031(7/97)



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2010

LAZARUS

TALLAHASSEE, FL

SUBJECT: A&G CONSULTING LLC

Ref. Number: W10000006265

HECHVED WOODS

We have received your document for A&G CONSULTING LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 610A00003167

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Co	ompany is:	
A. GALU	LE & CONSULTANTS LLC	
(Must end with the words "I	Limited Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
	ss of the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address: 8318 NW 7TH ST APT 86 MIAMI, FL 33126	
8318 NW 7TH ST	8318 NW 7TH ST	
APT 86	APT 86	
MIAMI, FL 33126	<u>MIAMI, FL 33126</u>	
FRA	FRANCISCO A. GALUE Name	
8318	NW 7TH ST; APT 86	
Florida street address (P.O. Box NOT acceptable)		
MIAMI, FL	33126 _{FL}	
(City, State, and Zip	
liability company at the place desi registered agent and agree to act in t statutes relating to the proper and	ent and to accept service of process for the above stated limited ignated in this certificate, I hereby accept the appointment as his capacity. I further agree to comply with the provisions of all omplete performance of my duties, and I am familiar with and ion as registered agent as provided for in Chapter 608, F.S	

(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:

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MORM – Mailaging Member	
MGRM	FRANCISCO A. GALUE
	8318 NW 7TH ST; APT 86
	MIAMI, FL 33126

(Use attachment if necessary)	
ADTICLE V. Effective date if other than the de-	(ODTIONAL)
If an effective date is listed, the date must be sa	te of filing: (OPTIONAL) recific and cannot be more than five business days prior
to or 90 days after the date of filing.)	detine and cannot be more than five business days prior
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<u>REQUIRED</u> SIGNATURE:	
	$X \setminus X$
Simple of a market	r an authorized representative of a member.
	\bigcirc \bigcirc
(In accordance with section	n 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury
that the facts stated herein	are true.)
FRA	NCISCO A. GALUE
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)