## 1.10000045338

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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A. LUNT
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EXAMINER

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## **COVER LETTER**

TO:	Registration S Division of Co					
SUBJI	ECT: GONZA	LEZ LAW CENTER, LI	LC. ted Liability Co			_
		Name of Limit	ted Liability Co	mpany		
The en	closed Articles o	of Organization and fee(s) are	submitted for fi	ling.		
Please	return all corresp	oondence concerning this mat	ter to the follow	ring:		
	FRANK GON	ZALEZ				
			Name of Person			
	GONZALEZ I	LAW CENTER, LLC.				
			Firm/Company		1	~3
	633 N. KROM	E AVENUE			P (1)	2018 APR 27
			Address		HA	ž
	HOMESTEAL	D, FL 33030			SSEE	1
		Ci	ty/State and Zip (	Code	7	<u> </u>
	FRANKGONZ	ZALEZLAW@GMAIL.CO	М		LOA	<u>,</u>
		E-mail address: (to be used	for future annual	report notification)	Đị r	Ø
For fur	ther information	concerning this matter, pleas	e call:		•	
FRAN	IK GONZALE	Z	at ( 305	1407-8339		
	Name	of Person		ode & Daytime Tele	phone Number	-
Enclos	sed is a check for	or the following amount:				
<b>□</b> \$125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	S155.00 F Certified (additional)	, •	\$160.00 Filing I Certificate of St Certified Copy (additional copy is	atus &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regist Divisi Clifto 2661	/Courier Address ration Section on of Corporations Building Executive Center Classee, FL 32301		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE L. Name.		
ARTICLE I - Name:	•	
The name of the Limited Liability Company	/ IS:	
GONZALEZ LAW CENTER, LLC.		
(Must end with the words "Limited L	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	e principal office of the Limite	d Liability Company is:
	•	• • • •
Principal Office Address:	Mailing Address:	
633 N. KROME AVENUE	633 N. KROME AVENUE	
HOMESTEAD, FL 33030	HOMESTEAD, FL 33030	
		<del></del>
ARTICLE III - Registered Agent, Registe	ered Office, & Registered Age	ent's Signature:
The Limited Liability Company cannot serve as its own R	Registered Agent. You must designate an	individual or another
business entity with an active Florida registration.)		A 3 3
The name and the Florida street address of t	he revistand exert ere.	C
The name and the Florida street address of the	ne registered agent are:	En Z T
FRANK GONZALEZ		ZMI APR 27 SECRE FARY FALLAHASSE

......

633 N. KROME AVENUE

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

HOMESTEAD

FL 33030

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

## Name and Address:

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

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

"NACID" - Name	CON	Name and Address:
'MGR" = Mana 'MGRM" = Ma	ger naging Member	
MGR		FRANK GONZALEZ
		633 N. KROME AVENUE
		HOMESTEAD, FL 33030
		umd.
		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
		ASS
		W.
		9. 152 71 F-46
		ָם פֿריים
Use attachment	if necessary)	
	date, if other than the sted, the date must be ate of filing.)	date of filing: 05/01/2010 . (OPTION of the specific and cannot be more than five business
LE V: Effective fective date is list days after the d	date, if other than the sted, the date must be ate of filing.)  GNATURE:	
LE V: Effective fective date is lis days after the d	date, if other than the sted, the date must be ate of filing.)  GNATURE:  Signature of a member (In accordance with second	r or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury
LE V: Effective fective date is lis days after the d	date, if other than the sted, the date must be ate of filing.)  GNATURE:  Signature of a member of this document constituted the facts stated her FRANK GONZALEZ	r or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury rein are true.)

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)