

L11000110659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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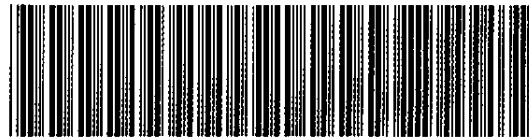
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 27 2011

EXAMINER

EFFECTIVE DATE

9/30/11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

✓ Hugo Alberto Rosalio L.L.C.
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

✓ 556 SW County RD 534
Mayo
FL 32066

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:

Alberto Rosalio
Name
556 SW County RD 534
Florida street address (P.O. Box NOT acceptable)
Mayo FL 32066
City, State, and Zip

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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.

Alberto Rosalio
Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

EFFECTIVE DATE 9/30/11

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

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

Title:
"MGR" = Manager ✓
"MGRM" = Managing Member
Hugo Alberto Rosalio
MGR

Name and Address:

Hugo Alberto Rosalio
556 SW County Rd 534

Mayo, FL 32666

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Sept 30, 2011. (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:

✓ Hugo Alberto Rosalio date 9/23/2011
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 penalty of perjury that the facts stated herein are true.)

✓ Hugo Alberto Rosalio
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)

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