# 111000/2426/

(Requestor's Name)			
(Address)			
(Address)			
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	ısiness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



800212214708

10/31/11--01022--001 \*\*125.00

Effective Date 1/1/12

SECKETARY OF STATE

T. HAMPTON

EXAMINER

### **COVER LETTER**

	Registration Section Division of Corporations
SUBJEC	CT: LUIS GABRIEL UC
	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
_	LUIS GABRIEL VELEZ
_	CGN CONSULTING LLC
_	705 34st
	St. Petersburg, FL, 35781
	Saty/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
24	TS CABREEL Velcz at (727), 657-6441  Name of Person Area Code & Daytime Telephone Number
Enclosed	d is a check for the following amount:
\$125.00 F	Filing Fee \$\int \\$130.00\$ Filing Fee & \$\int \\$155.00\$ Filing Fee & \$\int \\$160.00\$ Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## Effective Date 1/1/12

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

(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:

ncipal Office Address:	Mailing Address:
202 COND AUC. N.	7205 345t N.
H. Vetelsburg	17 Vetershourd

The name and the Florida street address of the registered agent are:

Name
FD.05 342± N.

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

87. Peters Durent FL 33.781

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

SECRETARY OF STATE

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Manager	Name and Address:
"MGRM" = Managing Member	JUTS GARREL Vekz J. Petersburg, Fl. 33781
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the	e date of filing: $1 - 1 - 2012$ . (OPTIONAL) be specific and cannot be more than five business days prior

**REQUIRED SIGNATURE:** 

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 conditutes an affirmation under the penalties of perjury that the facts stated herein are true. Vam aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

LUIS GABIZIEL VOICZ

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)

OH OCT 31 AM II: 47
SEUKETARY OF STATE
ALL ALASSEF, FI ORIOA