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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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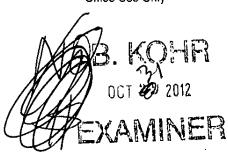


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EFFECTIVE DATE 10 16 2012 MILLANASSEE, FLORIE

Office Use Only



B. KOHR
OCT 8 1 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 8, 2012

GABRIELA L. JULIEN 320 COMMODORE DRIVE, UNIT 1522 PLANATAION, FL 33325

SUBJECT: JULIENGABRIELA & CO., LLC

Ref. Number: W12000051669

EFFECTIVE DATE 10/16/2012

Please note that NO PAYMENT was received with this filing, that NO PAYMENT has been retained, and that the documents are being returned UNFILED.

Please resubmit your documents with a check for at least \$125.00.,

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) 245-6051.

Buck Kohr Regulatory Specialist II

Letter Number: 812A00024929

COVER LETTER

TO: Registration So Division of Co			EFFECTIVE DATE 10/16
SUBJECT:	Wien Gabri Name of Limi	ela & Co., LLC ted Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
	Gab	siela 2 - Julier Name of Person	To the second se
	Julien	Firm/Company	NC
	320 Cor	nruadore Drive, L	Inct 1522
	Planta	tion, Fu. 33325 ty/State and Zip Code)
	E-mail address: (to be used	configure annual report notification)	co. com
For further information c	oncerning this matter, pleas	e call:	
Gabrielo Name o	Tulen	at (954) 608 - 5 Area Code & Daytime Telep	5148 Ohone Number
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIARILITY COMPANY

	COMMITTED LA IDICITA COMMINANT
ARTICLE I - Name: The name of the Limited Liability Company is:	A TO COLOR OF THE PARTY OF THE
(Must end with the words "Limited Liabi	Ility Company, "L.L.C.," or "LL.C.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
320 Commodore Drive Unit 1522 Plantation, EL 33325	320 Commodore D. Unit 1522 Plantation, Fr 33325
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another
The name and the Florida street address of the r	egistered agent are:
	•

320 Commodore Drive, Unit 1522
Florida street address (P.O. Box NOT acceptable)

Pantation, FL 33325

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..

(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:

	,	
		· · · · · · · · · · · · · · · · · · ·
I las attachment if noos		
Use attachment if nece	essary)	

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 constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am 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.)

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)