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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL .
(Bu	usiness Entity Name	e)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

F TO:

Registration Section Division of Corporations

SUBJECT.

352FCYPAA, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Aguilar		
	Name of Person	
352FCYPAA		
	Firm/Company	
4716 NW 42nd S	St.	
	Address	
Gainesville, FL 3	32606 E	2014
djvivid21@gmail.com	City/State and Zip Code	AN 27
E-mail address: (to	o be used for future annual report notification)	:4149
For further information concerning this matter	ier, please call:	PH
David Aguilar	at 352 222-2536	2: 28
Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following an	nount:	
\$125.00 Filing Fee \$130.00 Filing Certificate of S		itus &
Mailing Address Registration Section	on Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
352FYPAA, LLC (Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4716 New 42 mlst Grandville FL 57606	4716 NW 42nd St., Gainesville, FL 32606
ARTICLE III - Registered Agent, Registered of The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registered of the	red Agent. You must designate an individual or another
David Aguilar Name	
4716 NW 42nd St.	127 F
	ess (P.O. Box NOT acceptable)
Gainesville, FL 32606 City, State	
Having been named as registered agent and to ac liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and complete	except service of process for the above stated limited is certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

WILLIE - MISUSOPE	Name and Address:	
"MGR" = Manager "MGRM" = Managin	ng Member	
MGR	David Aguitar	
	4716 NW 42nd St.	
	Gainesville, FL 32606	
		
(Use attachment if nea	ecessary)	
	•	L)
ICLE V: Effective date, a effective date is listed	, if other than the date of filing: (OPTIONA I, the date must be specific and cannot be more than five busines	
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ICLE V: Effective date, a effective date is listed to or 90 days after the constitutes at	nature of a member or an authorized representative of a member. TURE: In the date must be specific and cannot be more than five business date of filing.) TURE: In the date must be specific and cannot be more than five business date of filing.)	2014 Au 3
ICLE V: Effective date, a effective date is listed to or 90 days after the constitutes at I am aware the constitutes at I am a	if other than the date of filing:	2014 Au 3

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)