

# L14000021385

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 FEB -7 P 12 32  
FEB 7 2014  
BOSTON

B. BOSTICK

FEB - 7 2014

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: USWEBTODAY 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:

J.E. GONZALEZ

Name of Person

USWEBTODAY LLC

Firm/Company

PO BOX 600797

Address

JACKSONVILLE, FL 32260

City/State and Zip Code

apportte@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J.E. GONZALEZ

Name of Person

at ( 904 ) 495-1275

Area Code

Daytime Telephone 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 Circle  
Tallahassee, FL 32301

FILED  
2014 FEB -5 P 10:32

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

USWEBTODAY LLC

(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:

**Principal Office Address:**

**Mailing Address:**

112 BARTRAM OAKS WALK STE 104  
JACKSONVILLE, FL 32260

PO BOX 600797  
JACKSONVILLE, FL 32260

**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:

JAVIER E. GONZALEZ

Name

109 TEABERRY PLACE

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

SAINT JOHNS

FL 32259

City

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 605, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**The name and address of each person authorized to manage and control the Limited Liability Company:**

MGR

JAVIER E. GONZALEZ  
109 TEABERRY PLACE  
SAINT JOHNS, FL 32259

CARMEN E. GONZALEZ  
109 TEABERRY PLACE  
SAINT JOHNS, FL 32259

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