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(Re	equestor's Name)	<u> </u>
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	•

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MAR - 5 2014 T. BROWN

COVER LETTER

Division of Corporations	
	• •
SUBJECT: A&J Assets LLC.	
	me of Limited Liability Company
The enclosed Articles of Organization an	d fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
·	
Adriana Bonilla	
	Name of Person
A&J Assets LLC.	
	Firm/Company
707 20th Ave. N	
727 20th Ave. N	Address
	1144.655
St. Petersburg, Fl 33704	
	City/State and Zip Code
bonillanana@gmail.com	
E-mail address:	(to be used for future annual report notification)
For further information concerning this m	natter, please call:
Adriana Bonilla	at (727) 455-2047
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amo	ount:
☑ \$125.00 Filing Fee □\$130.00 Filing	
Certificate of	Status Certified Copy Certificate of Status & Certified Copy Certified Copy
	(additional copy is enclosed)
Mailing Address	Street/Courier Address
Registration Section	Registration Section
Division of Corporation P.O. Box 6327	ns Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 21, 2014

ADRIANA BONILLA 727 20TH AVE N ST PETERSBURG, FL 33704

SUBJECT: A&J ASSETS LLC. Ref. Number: W14000011545

We have received your document for A&J ASSETS LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P13000041724.

To make the necessary corrections and resubmit your filing, return to our website and access electronic filing, then online filing. Choose to update your request by using the confirmation number and the pin number listed above. For any questions concerning the website, please call 850-245-6939. Please disregard this letter, if you have contacted our office and were advised how to correct your document online.

If you have any further questions concerning your filing, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 314A00003955

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is Mailing Address:
Principal Office Address:	Mailing Address:
727 20th Ave. N St Petershurg Fl 33704	727 20th Ave. N St. Petersburg, Fl 33704 Registered Agent's Signature:
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	agent are:
Adriana Bonilla	
Name	
727 20th Ave. N	
Florida street address (P.O. Box	NOT acceptable)
St. Petersburg	FL 33704
City	Zip
Having heen named as registered agent and to accept ser	vice of process for the above stated limited liability company at

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)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR — Mallagel	Adriana Bonilla
	727 20th Ave. N
	St Petersburg FI, 33704
AMBR	José Santiago Bonilla
	8924 Wilson Blvd
	Columbia SC, 29072
AMBR	Laurie A Ross
	727 20th Ave. N
	St. Petersburg, Fl 33704
(Use attachment if necessary)	
LE V: Effective date, if other than the dat	e of filing: (OPTIONAL)
ffective date is listed, the date must be spe of filing.)	pecific and cannot be more than five business days prior to or 90 da

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Adriana Bonilla

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)