

L15000082844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

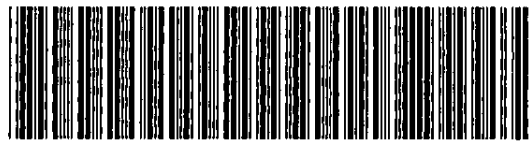
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W15-6217
7014 6101, 623

Office Use Only



500268081595

01/14/15--01022--011 **150.00

FILED
2015 MAY 11 PM 1:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 12 2015

BRUCI



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2015

ADRIAN BANALES
152 E 8TH ST
APOPKA, FL 32703

SUBJECT: LOS GALLOS DE ORO LLC
Ref. Number: W15000006217

We have received your document for LOS GALLOS DE ORO LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must submit Articles of Incorporation for a Florida profit corporation along with the Certificate of Conversion. The Articles of Incorporation must be signed by an incorporator.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 715A00001731

2015 MAY 11 PM 1:57

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOS GALLOS DE ORO 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:

ADRIAN BANALES

Name of Person

Firm/Company

PO BOX 197

Address

INTERCESSION CITY, FL 33848

City/State and Zip Code

Opaperchaser@aol.com

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

For further information concerning this matter, please call:

ADRIAN BANALES 407 545-0244
at ()
Name of Person 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 Address

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

FILED
2015 MAY 11 PM 1:57
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LOS GALLOS DE ORO 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:

185 E. 9TH STREET, SUITE 200
APOPKA, FL 32703

185 E. 9TH STREET, SUITE 200
APOPKA, FL 32703

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:

ADRIAN BANALES

Name

185 E. 9TH STREET, SUITE 200

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

APOPKA

FL

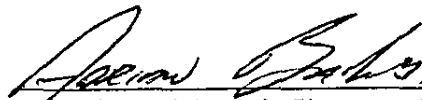
32703

City

State

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)

FILED
2015 MAY 11 PM 1:50
CLERK OF SUPERIOR COURT
TALLAHASSEE FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

ADRIAN BANALES

185 E. 9TH STREET, SUITE 200

APOPKA, FL 32703

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2016 MAY 11 PM 1:50

FILED

(Use attachment if necessary)

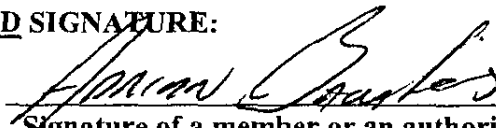
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

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.)

ADRIAN BANALES

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)