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SECRETARY OF STATE
TALLAHASSEE, FI DAIL

OCT 1 9 2015

COVER LETTER

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TO: Registration Section Division of Corporations		
SUBJECT: AJ & AL 1965 LLC	imited Liability Company	
name of L	amiled Liabiniy Company	
The enclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this n	matter to the following:	
Joseph Ruberto	Name of Person	
	Firm/Company	
5000 Culbreath Key Way #8323		
	Address	
Tampa, FL 33611	City/State and Zip Code	
	City/State and Zip Code	
jmr201031@gmail.com E-mail address: (to be use	ed for future annual report notifica	tion)
For further information concerning this matter, ple	ease call:	
Joseph Ruberto at (615) 456-8530	
Name of Person	Area Code Daytime Te	lephone Number
Enclosed is a check for the following amount:		
X \$125.00 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	Street/Courier Addr Registration Section	ress.
Division of Corporations	Division of Corporat	ions

P.O. Box 6327 Taliahassee, FL 32314

Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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744				\$50 12
TICLE I - Name:				Carrie Physical
name of the Limit	ed Liability Company is:			38
				E.F. TATA
1 & AL 1965 LLC				
	(Must end with the words "Limite	ed Liability Con	npany, "L.L.C.," or "LLC."	")
1771C1 E 11 432	2001			
TICLE II - Addre	ess: nd street address of the principal	- CC C4b - T !-		:
	INTSUCCEMBLESS OF DIC DIDGEN	Office of the Lir	nited Liability Company is	
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J		Mailing A		
ncipal Office Add	dress;	Mailing A	Address:	
ncipal Office Add	Way #8323	Mailing A	Address: breath Key Way #8323	
ncinal Office Add	dress;	Mailing A	Address: breath Key Way #8323	
ncinal Office Add 900 Culbreath Key 1mpa, FL 33611	Way #8323	Mailing A 5000 Cull Tampa, F	Address: breath Key Way #8323 °L 33611	
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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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Joseph Ruberto
	5000 Culbreath Key Way #8323
	Tampa, FL 33611
	
V: Effective date, if other than the date	of filing:
EV: Effective date, if other than the date ctive date is listed, the date must be spe filling.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90
ctive date is listed, the date must be spe f filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE	cific and cannot be more than five business days prior to or 90
E.V: Effective date, if other than the date ctive date is listed, the date must be spendiling.) E.VI: Other provisions, if any. Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)