

LI5000193137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

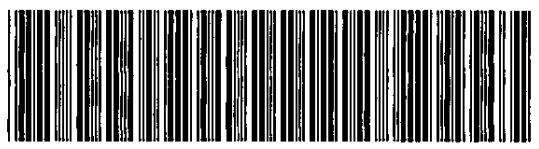
(Business Entity Name)

(Document Number)

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

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11/09/15--01034--022 \*\*155.00

15 NOV -9 PM 2:01  
ATTORNEY GENERAL  
TALLAHASSEE, FLORIDA

MD 11/18

Carol Allison Document Service  
2650 Baywood Drive  
Titusville, Florida 32780  
321.480.9789

November 5, 2015

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

RE: AAA FLORIDA'S 1<sup>ST</sup> CHOICE, LLC.

Enclosed please find one original and one copy of Articles of Organization for the above LLC. Enclosed check for \$155.00 for the following fees.

Filing Fee	\$125.00
Certified Copy	\$30.00

Please return all correspondence concerning this matter to the following:

Carol Allison Document Service  
2650 Baywood Drive  
Titusville, Florida 32780  
321.480.9789

Sincerely,



Carol Allison

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

15 NOV -9 PM 2:01  
COUNTY CLERK OF FLORIDA  
TALLAHASSEE, FLORIDA

**ARTICLE I**

Name of Limited Liability Company is:

AAA FLORIDA'S 1<sup>ST</sup> CHOICE, LLC

**ARTICLE II**

Mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

4879 Sisson Road  
Titusville, Fl. 32780

**Mailing Address:**

4879 Sisson Road  
Titusville, Fl. 32780

**ARTICLE III**

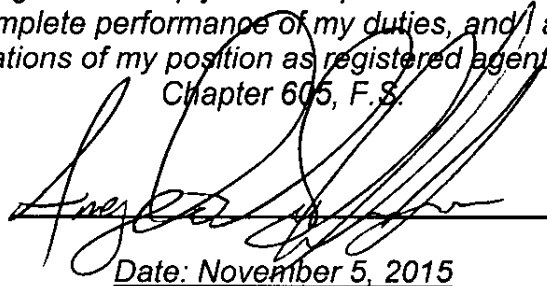
Registered Agent, Registered Office, & Registered Agent's Signature:

*(You must designate an individual or another business with an active Florida registration)*

The name and the Florida street address of the registered agent are:

Angelo Suffia Jr.  
4879 Sisson Road.  
Titusville, Fl. 32780

*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.*



Date: November 5, 2015

**ARTICLE IV**

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

<u>Title</u>	<u>Name and Address</u>
"MGR"=Manager	
"AMBR"=Authorized Member	
<u>AMBR</u>	<u>Angelo Suffia Jr.</u>
	<u>4879 Sisson Road.</u>
	<u>Titusville, Fl. 32780</u>

15 NOV -9 PM 2:01  
RECORDED & INDEXED  
STATE OF FLORIDA

**ARTICLE V**

Effective date, if other than the date of filing: File Date  
(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.)

REQUIRED SIGNATURE



Angelo Suffia Jr.  
November 5, 2015

*(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.)*