

W160000811Z8

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

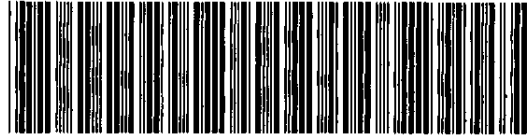
(Document Number)

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Special Instructions to Filing Officer:

W16-28370

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TALLAHASSEE, FL 32301

16 APR - 2 AM 10:11

APR 8 2016
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APR 8 2016

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAG FINANCIAL CONSULTANTS, LLC
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

CARLOS A GALLASTEGUI

(Contact Person)

(Firm/Company)

9275 FLYNN CIRCLE #6

(Address)

BOCA RATON FL 33496

(City, State and Zip Code)

CARLOS.GALLASTEGUI@COMCAST.NET

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

CARLOS A GALLASTEGUI at (561) 756-2821
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	<input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input type="checkbox"/> \$185.00 Filing Fees, Certified Copy, and Certificate of Status
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STREET ADDRESS:

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

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2016

CARLOS A. GALLASTEGUI
9275 FLYNN CIRCLE, #6
BOCA RATON, FL 33496

SUBJECT: CAG FINANCIAL CONSULTANTS, LLC
Ref. Number: W16000028320

We have received your document for CAG FINANCIAL CONSULTANTS, 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):

The entity must be active on our records.

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) 245-6052.

Stacy Prather
Regulatory Specialist III

Letter Number: 516A00007894

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CAG FINANCIAL CONSULTANTS, 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:

9275 FLYNN CIRCLE #6
BOCA RATON FL 33496

Mailing Address:

PO BOX 970751
COCONUT CREEK FL 33097

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:

CARLOS A GALLASTEGUI

Name

9275 FLYNN CIRCLE #6

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

BOCA RATON

FL 33496

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR -8 AM 10:11

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AND
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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

CARLOS A GALLASTEGUI

9275 FLYNN CIRCLE # 6

BOCA RATON FL 33496

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 04/04/2016. (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.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

CARLOS A GALLASTEGUI

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)

DEPARTMENT OF STATE
FILING

15 APR - 8 AM 10:11

APPROVED
AND
FILED