

# US9000134583

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : LYONS & LYONS, P.A.  
Account Number : I20030000061  
Phone : (239) 948-1823  
Fax Number : (239) 948-1826

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: rlyons@lyons-law.com

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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**FLORIDA LIMITED LIABILITY CO.  
AYA G HOLDINGS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION  
OF  
AYA G HOLDINGS, LLC

## ARTICLE I - NAME

The name of the limited liability company is AYA G HOLDINGS, LLC, ("company").

## ARTICLE II - ADDRESS

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

Principal Office Address:  
4299 Bellasol Circle, No. 2622  
Fort Myers, Florida 33916

Mailing Address:  
P.O. Box 150465  
Cape Coral, Florida 33915-0465

ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

L&L PARA, Ltd. Co.  
27911 Crown Lake Boulevard, Suite 209  
Bonita Springs, Florida 34135

*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.*

L&L PARA, Ltd. Co., a  
Florida limited liability company

By: 

Richard D. Lyons  
Its: Manager

CLERK OF STATE  
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#### ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

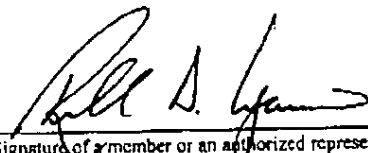
"AMBR" = Authorized Member

Name and Address:

MGR

Michael Hernandez  
P.O. Box 150465  
Cape Coral, Florida 33915-0465

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.

Richard D. Lyons

\_\_\_\_\_  
Typed or printed name of signer