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(Re	equestor's Name)	
(Ac	ddress)	
	 	
(Ad	ddress)	
(C	ity/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
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2019 FEB - 1 AM II: 3: SECRETARY OF STAT

COVER LETTER

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	ew Filing Section ivision of Corporations		
SUBJECT	GABALDON PROPERTIES LLC		
SUBJECT		Limited Liabili	ty Company
The enclos	ed Articles of Organization and fee(s)	are submitted	for filing.
Please retu	rn all correspondence concerning this	matter to the f	ollowing:
	CHRISTOPHER GABALDON		
		Name of	Person
		Firm/Co	mpany
	P.O. BOX 1303		
		Addre	ess
	AUBURNDAOE, FL 33823		
	FLCURBMAN@GMAIL.COM	City/State and	d Zip Code
		sed for future a	nnual report notification)
For further i	nformation concerning this matter, ple		
	CHRISTOPHER GABALDON	863	9673557
	Name of Person		Daytime Telephone Number
Enclosed is	s a check for the following amount:		
\$125.00 F		Certifi	0 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

* · . .

ARTICLE I - Name: GABALDON PROPERTIES LLC (Must contain the words "Limited Liability Com ARTICLE II - Address: The mailing address and street address of the principal office of the Li Principal Office Address: 210 S. MAIN STREET AUBURNDALE, FL 33823 ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Agent, business entity with an active Florida registration.)	
(Must contain the words "Limited Liability Com ARTICLE II - Address: The mailing address and street address of the principal office of the Li Principal Office Address: 210 S. MAIN STREET AUBURNDALE, FL 33823 ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Agent,	mited Liability Company is: Mailing Address: P.O. BOX 1303
ARTICLE II - Address: The mailing address and street address of the principal office of the Li Principal Office Address: 210 S. MAIN STREET AUBURNDALE, FL 33823 ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Agent,	mited Liability Company is: Mailing Address: P.O. BOX 1303
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered A	P.O. BOX 1303
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered A	
(The Limited Liability Company cannot serve as its own Registered A	
	l Agent's Signature: gent. You must designate an individual or
The name and the Florida street address of the registered agent are:	
CHRISTOPHER GABALDON Name	
210 S. MAIN S在的 公司的	·r
Florida street address (P.O. Box I	OT acceptable)
AUBURNQALE FL_	33823
City State	Zio

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)

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The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager CHRISTOPHER GABALDON MGR 210 S. MAIN STREET AUBURNDALE, FL 33823 (Use attachment if necessary) _. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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. CHRISTOPHER GABALDON

Filing Fees:

Typed or printed name of signes

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

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ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)