

# L190000079247

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

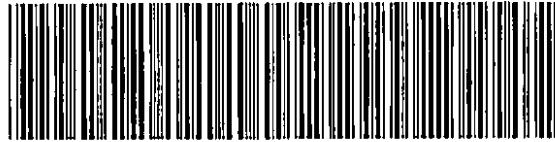
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800326647188

19 MAR 22 PM 4:06

FILED  
19 MAR 22 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SCHROEDER

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE:** 3/22/19

**NAME:** AYALA INVESTMENT PROPERTIES LLC

**TYPE OF FILING:** ARTICLES

**COST:** 125.00

**RETURN:** PLAIN COPY PLEASE

---

**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*A. Hodge*

---

**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I      NAME**

The name of the Limited Liability Company is:

AYALA INVESTMENT PROPERTIES, LLC

**ARTICLE II      ADDRESS**

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

4919 BRIGHTMOUR CIRCLE

ORLANDO, FLORIDA 32837

**ARTICLE III      REGISTERED AGENT**

The name and the Florida street address of the registered agent

ALEXANDRIA S AYALA

4919 BRIGHTMOUR CIRCLE

ORLANDO, FLORIDA 32837

FILED  
19 MAR 22 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

X       /s/       Alexandria Ayala

ALEXANDRIA S AYALA / Registered Agent's signature

**ARTICLE IV AUTHORIZED PERSON(S)**

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

AUTHORIZED MEMBER

HILTON I AYALA

4919 BRIGHTMOUR CIRCLE

ORLANDO, FLORIDA 32837

AUTHORIZED MEMBER

ALEXANDRIA S AYALA

4919 BRIGHTMOUR CIRCLE

ORLANDO, FLORIDA 32837

FILED  
19 MAR 22 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

.....  
X /s/ Alexandria Ayala  
ALEXANDRIA S AYALA / Authorized Representative's signature

*(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.)*