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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
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JUL 27.

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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GABRIEL LANDSO	CAPING, LLC	· · · · • · · · · · · · · · · · · · · ·	
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			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
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			RA Resignation
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Requested by: SETH	07/29/20		UCC 1 or 3 File
Name		Fime	UCC 11 Search
			UCC 11 Retrieval
Walk-In Thomasville GA &/C	Will Pick Up _ ∞		Courier



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FLORIDA DEPARTMENT OF STATE TO
July 27, 2020

CAPITAL CONNECTION, INC.

SUBJECT: GABRIEL LANDSCAPING SERVICES, LLC

Ref. Number: W20000080109

We have received your document for GABRIEL LANDSCAPING SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 320A00014040

COVER LETTER

	New Filing Section Division of Corporations
SUBJEC	GABRIEL LANDSCAPING, LLC
00000	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	GILBERTO GABRIEL AGUILAR
	Name of Person
	GABRIEL LANDSCAPING, LLC
	Firm/Company
	925 MACY STREET
	Address
	WEST PALM BEACH, FL 33405
	City/State and Zip Code INFO@LATINOSTAX.COM
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	GILBERTO GABRIEL AGUILA 561 320-1040
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.001	Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

2020 JUL 30 AM 10: 47

SECRETARY OF STATE TALLAHASSEE, FL

GABRIEL	LANDSCAPING, LI	.C

(Must contain 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:

925 MACY STREET	925 MACY STREET
WEST PALM BEACH, FL 33405	WEST PALM BEACH, FL 3340.

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:

GILBERTO GABRIEL	AGUILAR	
Na	ime	
925 MACY STREET		
Florida street address (P.	O. Box <u>NOT</u> acce	ptable)
WEST PALM BEACH	FLORIDA	33405
City	State	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..

Gilberto Gabriel A.
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:

. <u>Title:</u> "AMB	R" = Authorized N	1ember	Name and Address:		
"MGR <u>MGR</u>	" = Manager		GILBERTO GABRIEL AGUILAR 925 MACY STREET WEST PALM BEACH, FL 33405		
				SECRETA-AY	2020 JUL 30 AH 10: 47
(Use a	ttachment if necess	sary)		OF STATE	AH 10: 47
the date of filing Note: If the dat	;.) te inserted in this b		(On the control of the contr		
ARTICLE VI: (Other provisions, if	any.			_
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	This doc I am awa	ument is executed in acc are that any false informa	an authorized representative of a mordance with section 605.0203 (1) (b) tion submitted in a document to the Desprovided for in s.817.155, F.S.	, Florida Statutes.	

Filing Fees:

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

GILBERTO GABRIEL AGUILAR

Typed or printed name of signee

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)