# L20000283848

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TO:

**New Filing Section** 

Tallahassee, FL 32314

1	Division of Co	rporations				
SUBJEC		pital Management	LLC			
30001,0		Nar	ne of Lin	nited Liabil	ity Company	<del></del>
The enclo	sed Articles of	Organization and	fee(s) ar	e submitted	for filing.	
Please reti	urn all correspo	ondence concernin	g this ma	itter to the	ollowing:	
	Steven Norn	nan				
				Name of	Person	
	Aragon Capi	ital Management I	J.C			
			· · · · -	Firm/Co	mpany	
	6731 Cypres	s Road #108				
				Addı	ess	
	Plantation, F	T. 33317				
	stevennorman	59@gmail.com	C	ity/State an	d Zip Code	
		<del></del> _	be used	for future a	nnual report notificati	ion)
For further	information co	ncerning this matte	er, please	call:		
	Steven Norm	an	91 at (	-1	413-1339	
	Nam	e of Person		rea Code	Daytime Telephon	e Number
Enclosed i	s a check for th	he following amou	nt:			
□\$125.00	) Filing Fee	□\$130.00 Filin Certificate of S		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio	g Address iling Section on of Corporations ox 6327			Street Address  New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree	issee

Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

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The name of the Limited Liability Company is:

2020 AUG 27 PM 2: 40

SECRETARY OF STATE TALLAHI SSEE, FL

Aragon Capital Management LLC

(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:

Principal Office Address:	Mailing Address:
6731 Cypress Road #108	6731 Cypress Road #108
Plantation, FL 33317	Plantation, FL 33317

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:

Steven Norman		
	Name	
6731 Cypress Road		
Florida street addres	s (P.O. Box <u><b>NOT</b></u> ac	cceptable)
Plantation	FL	33317
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

# ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Men	Name and Address:
"MGR" = Manager	ioer
<u>MGR</u>	John Mansor 6731 Cypress Road #108 Plantation, FL 33317
MGR	Steven Norman  6731 Cypress Road #108 Plantation, FL 33317  Plantation FL 33317
	27 PM 2: 40 HA3SEE, FL
If an effective date is listed, the date he date of filing.)	han the date of filing:
ARTICLE VI: Other provisions, if any	
REQUIRED SIGNATURE	·

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)