L210000 35456

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	·	
11/2100000		
W2100000 9	678	





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01/28/21--01017--018 **125.00

PALLAHASSEE, FLORIA

2021 FEB -3 AH 10: 1

CAPITAL CONNECTION, INC.

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

AFF CONTRACTOR	LLC			
	<u> </u>			
				
				
			· <u>-</u>	
				Arraf Inc. 1915
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
		1		Trade/Service Mark
				Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
		:		Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature		- .		Fictitious Owner Search
		•		Vehicle Search
	- 			Driving Record
Requested by: SETH	02/03/21			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
THE	Date	THIC		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

	New Filing S Division of G	Section Corporations			
SUBJEC		ONTRACTOR, LLC			
SUBJEC	· · · · · · · · · · · · · · · · · · ·	Name	of Limited Liab	ility Company	
The enck	osed Articles	of Organization and fe	c(s) are submitte	d for filing.	
Please re	turn all corre	espondence concerning	this matter to the	following:	
	LUIS R.	CALDERON			
			Name o	of Person	
	BELAIR	ACCOUNTING SERV	ICES, INC.		
	•		Firm/C	ompany	
	1627 E. V	VINE STREET, STE	10		
			Ado	iress '	
	KISSIMI	MEE, FL 34744			
	ADLUSH	@AOL.COM	City/State a	nd Zip Code	
			e used for future	annual report notificati	on)
For furthe	r information	n concerning this matter	, please call:		
	LUIS R.	CALDERON	407 at (944-9262	
	N	Name of Person	Area Code	Daytime Telephon	e Number
Enclosed	d is a check f	or the following amoun	t;		
	Filing Fee	\$130.00 Filing Fe Certificate of Sta	e & SISS	i.00 Filing Fee & [ified Copy onal copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ailing Address		Street Address	
		w Filing Section vision of Corporations		New Filing Section Division of Corporati	ons
	P.0	D. Box 6327		Clifton Building	
	Ta	llahassee, FL 32314		2661 Executive Cente	er Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

AAF CONTRACTOR L				
(Must contain	the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	-
ARTICLE II - Address: The mailing address and street addre	ess of the principal c	office of the Limited	Liability Company is:	
<u>Principal (</u>	Office Address:		Mailing Address:	
14500 BRADDOCK OA	AK DRIVE	1627	E. VINE STREET	
ORLANDO, FL 32837			E 110	_
		ORL ORL	ANDO, FL 34744	
ARTICLE III - Registered Agent, (The Limited Liability Company car another business entity with an activ	inot serve as its own	& Registered Agen	t's Signature:	
(The Limited Liability Company car	nnot serve as its own ve Florida registration	& Registered Agent 1 Registered Agent. Your.)	t's Signature:	2021
The Limited Liability Company car another business entity with an active The name and the Florida street add	nnot serve as its own ve Florida registration	& Registered Agent. You) d agent are:	t's Signature:	2021 FE
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The Limited Liability Company car another business entity with an active. The name and the Florida street add	nnot serve as its own we Florida registration ress of the registered EVER E APARICIO 14500 BRADDOCK	& Registered Agent in Registered Agent. Youn.) diagent are: Name OAK DRIVE	t's Signature: /ou must designate an individual or	FEB -3 AH

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)

"AMBR" = Authorized Member "MGR" = Manager AMBR EVER E APARICIO 14500 BRADDOCK OAK DRIVE ORLANDO, FL 32837 (Use attachment if necessary) (LE V: Effective date, if other than the date of filing: 02/03/2021 Rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days e of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listenant's effective date on the Department of State's records. ELE 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.	Title:	Name and Address:
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Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

EVER E APARICIO