

LTZ022 269612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

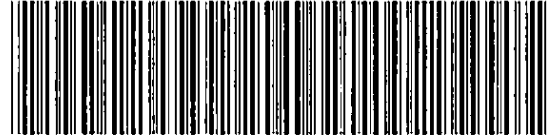
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

LTZ022 269612

Office Use Only



200388156742

05/24/22--01001--014 **125.00

RECEIVED
2022 MAY 23 PM 2:52
ALLIANCE, FLOR.

FILED
2022 JUN 13 PM 6:11
ALLIANCE, FLOR.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2022 JUN 13 PM 2:27
TALLAHASSEE, FLORIDA

May 25, 2022

CAPITAL CONNECTION

SUBJECT: ARAGON CONSTRUCTION LLC
Ref. Number: W22000069164

We have received your document for ARAGON CONSTRUCTION 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.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P95000075199.

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.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 522A00011926

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2022 JUN 13 PM 6:14
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

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

ARAGON BUILDERS CF FLORIDA LLC

Signature _____

Requested by: SETH

06/13/22

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

Art of Inc. File _____

LTD Partnership File _____

Foreign Corp. File _____

L.C. File _____

Fictitious Name File _____

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 _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____

RECEIVED
JUN 13 2022
TALLAHASSEE, FL 32301

2022 JUN 13 PM 6:14

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Aragon Builders of Florida LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mordechay Maximoff

Name of Person

Firm/Company

14473 Draft Horse Lane

Address

Wellington, FL 33414

City/State and Zip Code

Moti@aragondevelopment.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mordechay Maximoff

561

516-2560

Name of Person

at (

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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2022 JUN 13 PM 6:14
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARAGON BUILDERS OF FLORIDA 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:

14473 Draft Horse Lane
Wellington, FL 33414

Mailing Address:

14473 Draft Horse Lane
Wellington, FL 33414

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:

Mordechay Maximoff

Name

14473 Draft Horse Lane

Florida street address (P.O. Box **NOT** acceptable)

<u>Wellington</u>	<u>FL</u>	<u>33414</u>
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..

/s/ Mordechay Maximoff
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2022 JUN 13 PM 6:51
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

MORDECHAY MAXIMOFF
14473 DRAFT HORSE LANE
WELLINGTON, FL 33414

MGR

EYAL MEILABER
1720 HARRISON STREET, 17A
HOLLYWOOD, FL 33020

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(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:

/s/ Mordechay Maximoff
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.

Mordechay Maximoff
Typed or printed name of signer

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)

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2022 JUN 13 PM 6:14
DEPARTMENT OF STATE
HALL OF RECORDS
TALLAHASSEE, FLORIDA