

To:

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2022-07-15 16:01:00 GMT

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From: Yanet Avila

L22000314833

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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CORPORATION
COMMERCIAL
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FLORIDA LIMITED LIABILITY CO.
A & J CAPITAL GROUP LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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22 JUL 15 PM 12:35
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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A & J CAPITAL GROUP 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:

2343 SE 11 STREET
HOMESTEAD, FL 33035

Mailing Address:

2343 SE 11 STREET
HOMESTEAD, FL 33035

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:

GABRIEL HERNANDEZ

Name

2343 SE 11 STREET

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

HOMESTEAD, FL 33035

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..

Gaby Hernandez (Jul 15, 2022 11:48 EDT)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Gabriel Hernandez

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ARTICLE IV-

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

Title:**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

GABRIEL HERNANDEZ

2343 SE 11 STREET

HOMESTEAD, FL 33035

(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:

Gaby Hernandez (Jul 15, 2022 11:48 EDT)

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.

GABRIEL HERNANDEZ

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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