## 00010742

(Requ	uestor's Name)	
(Addr	ess)	
(Addı	ess)	······
(City/	State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doce	ument Number)	<u> </u>
Certified Copies	Certificates	s of Status
Special Instructions to Fi	lling Officer:	

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
P Franco Pa (Must contain the words "Limited Liability C	inting LLC
(Must contain the words "Limited Liability C	Company, "L.L.C." or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of th	e Eimited Liability Company is:
Principal Office Address:	Mailing Address:
106 basin st Tallahasser El.	SAMe
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are	d Agent. You must designate an individual or
1106 basin	ox NOT acceptable)
Florida street address (P.O. Bo	ox <u>NOT</u> acceptable)
Tallahmsce	(1. 35304) ie Zip
City Sta	e Zip
laving been named as registered agent and to accept service of proclace designated in this certificate, I hereby accept the appointment of wither agree to comply with the provisions of all statutes relating to an familiar with and accept the obligations of my position as registed.	is registered agent and agree to act in this capacity. I the proper and complete performance of my duties, and I red agent as provided for in Chapter 605, F.S.
Registered Ager	n s Signature (KEOUIKED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Mame and Address: Aguillar Franco
AMBR	1106 basin St Tallahassey
	32304
(Use attachment if necessary)	-110 10-03
CLE V: Effective date, if other than the da effective date is listed, the date must be	the of filing: O( 10 / 2012 3 . (OPTIONAL)  specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as not of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be at of filing.)  If the date inserted in this block does no	specific and cannot be more than live business days prior to or 90 days after at meet the applicable statutory filing requirements, this date will not be listed as
CLE V: Effective date, if other than the date effective date is listed, the date must be set of filing.)  If the date inserted in this block does no cument's effective date on the Departme CLE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as int of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be at each filing.)  If the date inserted in this block does no cument's effective date on the Departme CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is exellam aware that any face openings a third day.	specific and cannot be more than live business days prior to or 90 days after at meet the applicable statutory filing requirements, this date will not be listed as

Filing Fees:

\$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)

SECRETARY OF STATE
TALLAHASSEE