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	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
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	(Business Entity Name)
	(Document Number)
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## COVER LETTER

Division of	Corporations		
SUBJECT:	Agular	Flooring LLC nited Liability Company	
	Name of Lin	nited Liability Company	
The enclosed Article	es of Organization and fee(s) ar	re submitted for filing.	
Please return all con	respondence concerning this m	atter to the following:	
	Helena (	Yawı Va V Name of Person	
		Name of Person	
	Aguilar	Firm/Company	
	,	Firm/Company	
<del></del>	5146 HWY	Address	
		Address	
	Ochlockn	Sity/State and Zip Code	
	anilarhelen alo	City/State and Zip Code	
	E-mail address: (to be used	not mail . Com for future annual report notificati	ion)
For further informatio	n concerning this matter, please		
	, conserving this marker product		
<u>Hel</u>	eria Aquilar air	rea Code Daytime Telephon	,
ı	Name of Person A	rea Code Daytime Telephon	e Number
Enclosed is a check:	for the following amount:		
	-	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
<u>M</u>	ailing Address	Street Address	
	w Filing Section	New Filing Section Di	
	vision of Corporations D. Box 6327	The Centre of Tallaha 2415 N. Monroe Stree	
Tallahassee, FL 32314		Tallahassee, FL 3230.	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Aguilar Sanchez Flooring (Must contain the words "Limited Liability Compa	LLC.	
(Must contain the words "Limited Liability Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limi	ited Liability Company is:	
Principal Office Address:	Mailing Address:	
7915 103 Rd. St. Lot 711 Jacksonville, Florida 32210	5146 HWY III North	
Jacksonville, Florida 32210	Ochlocknee GA 31713	
ARTICLE III - Registered Agent, Registered Office, & Registered A (The Limited Liability Company cannot serve as its own Registered Ageranother business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:	gent's Signature: nt. You must designate an individual or	
<u>Helena Agular</u>	<del></del>	
704 = 10.7 p. 1	CL 1 74.	
7915 103 Bd S Florida street address (P.O. Box <b>NO</b>	Tacceptable)	
Jacksonville, Florida	9_32210	
City State	Zip	
laving been named as registered agent and to accept service of process for lace designated in this certificate. I hereby accept the appointment as registerther agree to comply with the provisions of all statutes relating to the proping familiar with and accept the obligations of my position as registered age    Will Charlest   Registered Agent's Sig	tered agent and agree to act in this capacity. I per and complete performance of my duties, and I mut as provided for in Chapter 605, F.S	
(CONTINUE)		

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	
HER AMBR	Nichona Agarlar
	Siki lini ili N
	Ochlocknee, 6A 31773
<del></del>	
<del></del>	
(Use attachment if necessary)	
e document's effective date on the Departr RTICLE VI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date will not be listed as nent of State's records.
REQUIRED SIGNATURE:	aguilar
	a member or an authorized representative of a member.
This document is e. I am aware that any	Recuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
ما ۾ ل	no Anuitar
	Typed or printed name of signee
\$125.00 Filing Fee for Articles o	Filing Fees: f Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Option	
S 5.00 Certificate of Status (Op	otional)
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