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(Requestor's Name) (Address)	900029289779
(Address)	000020200770
(City/State/Zip/Phone #)	83/19/8401013820 **155.00
(Business Entity Name) (Document Number)	O4 MAR 19 SECREGARY TALLAHASSE
Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 94 MAR 19 PH 1: 09 SECRETARY OF STATE ALLAHASSEE, FLORIDA
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OFFICE USE ONLY(DOCUMENT #) LAZARUS CORPORATE FILING SERVICE 3320 S.W. 87 AVENUE MIAMI, FLORIDA (305)552-5973 OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Corporation Name) (Document #) (Document #) Walk in Pick up time Certified Copy Mail out Will wait Certificate of Status Photocopy AMENDMENTS " **NEW FILINGS** Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation

Reinstatement

Trademark

Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Gaviota Investments LLC
ARTICI E II - Address:
The mail ng address and street address of the principal office of the Limited Liability Company is:
3375 North Country Club Prive # 607 For ?
3375 North Courty Club Prive #607 ESE = 7
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
- 1911 TOTA CONGLEZ
Patricia Gonzalez Name Name Name North Guy fay Club Dave # 607 A Florida street address (P.O. Box NOT acceptable) Aven by a FL 33/80
Florida street address (P.O. Box NOT acceptable)
City, State, and Zip
51.9, 50mily and 22p
liabi'ity 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 608, F.S
Refristered Agent's Signature
Article IV - Management (Check box if ap dicable.) [X] The Limited Liability Company is to be nanaged by one manager or more managers and is, therefore, a manager - managed company.
(An additional article must be added if an effective date is requested)
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
. l'atricia Couzalez
Typed or printed name of signee

<u>Filing Fees:</u> \$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)