

W04000048954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

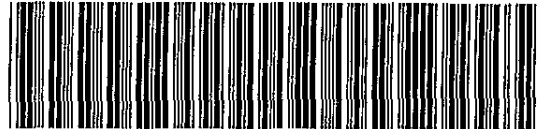
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

4/28 LLC

Office Use Only



000038192320

06/28/04--01046--007 **125.00

MJH

04 JUN 23 AM 9:33

06/28/04

June 23, 2004

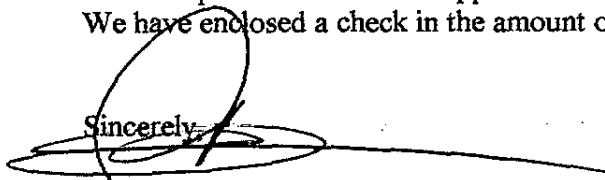
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida, 32314

Re: Articles of Organization for Gelarte, LLC

To Registration Section:

Please expedite the enclosed application for the establishment of our LLC.
We have enclosed a check in the amount of \$ 125.00 Thank You.

Sincerely,



Carlos Amaro
1800 Sunset Harbour Dr. #1006
Miami Beach, Florida 33139

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gelarte, Inc.
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Carlos Amaro
(Name of Person)

(Firm/Company)

1800 Sunset Harbour #1006
(Address)

Miami Beach, Florida 33139
(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos Amaro at (305) 495-8732
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gelarte, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

5570 N.W. 107 Avenue # 915

Miami Florida 33178

Mailing Address:

5570 N.W. 107 Avenue # 915

Miami Florida 33178

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Carlos Amaro

Name

1800 Sunset Harbour #1006

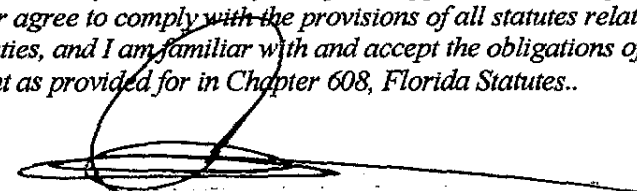
Florida street address (P.O. Box **NOT** acceptable)

Miami Beach FLORIDA 33139

City, State, and Zip

04 JUN 29 AM 9:33

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 608, Florida Statutes..



Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM _____	Carlos Amaro 1800 Sunset Harbour Dr. #1006 Miami Beach, Florida 33139
MGRM _____	Emidio Pompei 5570 N.W. 107 Avenue # 915 Miami Florida 33178
_____	_____
_____	_____

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

Carlos Amaro

Typed or printed name of signee

Filing Fees:

- \$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)