

L04/000069689

Florida Department of State
Division of Corporations
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RECEIVED
04 SEP 23 AM 7:42
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STATE ARCHIVE OF FLORIDA
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

Gatra 04 LLC

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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gatra 04 LLC

ARTICLE II - Address:

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

Principal Office Address:

128 Morningside Dr, Coral Gables, FL 33133

Mailing Address:

128 Morningside Dr, Coral Gables, FL
33133

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

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

Julio Riquezes

Name

128 MORNINGSIDE DR.

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

Coral Gables

Florida 33133

City, State, and 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 608, Florida Statutes..

By: 
Registered Agent's Signature

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STATE OF FLORIDA
DIVISION OF CORPORATE REGISTRATION

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

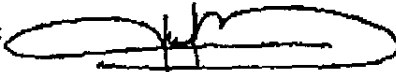
Name and Address:

MGR	Julio Riquexes 128 Morningside Dr Coral Gables, FL 33133
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(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.)

Julio Riquexes

Typed or printed name of signer

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)

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DEPARTMENT OF REVENUE