

L06000620444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

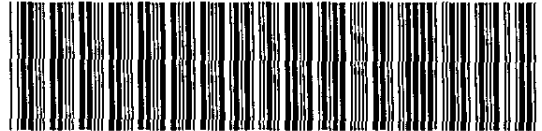
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DIVISION OF CORPORATIONS

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. GAOSDALI 18, L.L.C.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time 2.05 Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
 Not for Profit
 Limited Liability
 Domestication
 Other

AMENDMENTS

- Amendment
 Resignation of R.A., Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger

OTHER FILINGS

- Annual Report
 Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
 Limited Partnership
 Reinstatement
 Trademark
 Other

Examiner's Initials _____

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY
OF
GAOSDALI 18, L.L.C.**

ARTICLE I - Name

The name of the Limited Liability Company is: **GAOSDALI 18, L.L.C.**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is: **8360 WEST FLAGLER STREET, SUITE #200, MIAMI, FLORIDA 33144.**

ARTICLE III - Duration

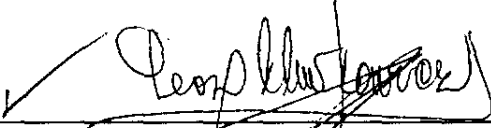
The period of duration for the Limited Liability Company shall be: **PERPETUAL.**

ARTICLE IV - Management

The Limited Liability Company is to be managed by the member(s) and the name and address of the managing member(s) (are) (is): **LEON OLIWKOWICZ, 8360 WEST FLAGLER STREET, SUITE #200, MIAMI, FLORIDA 33144.**

The undersigned member or authorized representative of a member of :
GAOSDALI 18, LLC, disposes and says:

-
- 1) the above named limited liability company has at least one member.
 - 2) the total amount of cash contributed by the member(s) is \$1,000.00.
 - 3) if any, the agreed value of property other than cash contributed by member(s) is \$0.
A description of the property is attached and made a part hereto.
 - 4) the total amount of cash or property anticipated to be contributed by member(s) is \$50,000.00. This total includes amounts from 2 and 3 above.


LEON OLIWKO

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT OF DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: GAOSDALI 18, L.L.C.
2. The name and address of the registered agent and office is: LEON OLIWKOWICZ, 8360 West Flagler Street, #200, Miami, FLORIDA 33144.

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.



LEON OLIWKOWICZ

2/21/06

DATE:

STATE OF FLORIDA)

COUNTY OF DADE)

I HEREBY CERTIFY that on this date, before me, an officer duly authorized in

in the STATE AND COUNTY AFORESAID to take acknowledgments, personally appeared, LEON OLIWKOWICZ, of GAOSDALI 18, L.L.C., who is personally known or who did furnish identification, and who acknowledged executing the foregoing Designation and acceptance as Registered Agent, freely and voluntarily for the purposes therein stated.

WHITNESS MY HAND AND OFFICIAL SEAL IN THE: County and State last aforesaid this 21st day of February 2006.



NOTARY PUBLIC

Guido Ramos (SEAL)

PRINT NAME OF NOTARY

