

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

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Account Name

: EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I2000000146

: (305)444-4994

Fax Number

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ORIDA/FOREIGN LIMITED LIABILITY CO.

GUAMO, LLC

Certificate of Status	0
Certified Copy	
Page Count	03
Estimated Charge	\$155.00

JAN 29 2008

Electronic Filing Menu

Corporate Filing Menu

EXAMINER

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ARTICLES OF ORGANIZATION R	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Comp	pany is:
GUAMO, LLC	
(Must end with the words "Limi	ited Liability Company, "L.L.C.," or "LL.C.")
ARTICLE II - Address:	
The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2151 LE JEUNE RD.	2151 LE JEUNE RD.
STE: 204	2151 LE JEUNE RD. STE: 204 CORAL GABLES, FL 33134
CORAL GABLES, FL 33134	CORAL GABLES, FL 33134
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.)	gistered Office, & Registered Agent's Signature:
The name and the Florida street address	
COSTANERA INVE	STMENTS OF FLORIDA, INC.
	Name 37
2151 LE JEUN	E RD. STE: 204
Florida :	street address (P.O. Box NOT acceptable)
CORAL GABLE	S 33134

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, F.S..

Registered Agent's Signature (REQUIRED)

City, State, and Zip

(CONTINUED) Page 1 of 2

(((H08000022777)))

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	r _.
MGRM	COSTANERA INVESTMENTS OF FLORIDA, INC.
	2151 LE JEUNE RD. STE: 204
	CORAL GABLES, FL 33134
	·
(Clas attack	
(Use attachment if necessary)	ALE
LEV: Effective date, if other the	an the date of filing: OPFIONALY
fective date is listed, the date m	ust be specific and cannot be more than five business days price
days after the date of filing.)	88. X8
REQUIRED SIGNATURE:	25 a .
A	ORIDE ORIDE
1 Marie	
Sil	nember or an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

that the facts stated herein are true.)

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ORLANDO M. SALDIVIA
Typed or printed name of signee