L12000096054

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PICK-UP WAIT MAIL					
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12 JUL 24 PM 1:5 SECRETARY OF STATE

C. LEWIS

JUL 2 5 2012

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor		Open Con	AN CONTRACTOR
süвјест: GuyDry	LLC		·
<u> </u>		ed Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing	
	ndence concerning this mat	•	
r lease return an correspo	ndence concerning this mar	ici to the following.	
Gonzalo Pere	Z		
		Name of Person	
GuyDry LLC			
		Firm/Company	
516 SW 6th A	venue		
		Address	
Fort Lauderdal	e, Florida 33315		
		y/State and Zip Code	
flgperez@aol.	COM E-mail address: (to be used:	for future annual report notification)	
For further information co	oncerning this matter, please		
Gonzalo Perez		at (954) 294-7566	
Name of	Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	· ·
The name of the Ellinear Blacking Company	
GyDry LLC	
(Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
516 SW 6th Avenue	516 SW 6th Avenue
Fort Lauderdale, Florida 33315	Fort Lauderdale, Florida 33315
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Registers) business entity with an active Florida registration.) The name and the Florida street address of the	gistered Agent. You must designate an individual or another
Todd Maine	24 LE
Nan	NET P
516 SW 6th Avenue	ne Fig. STATE
Florida street a	address (P.O. Box <u>NOT</u> acceptable)
Fort Lauderdale	FL33315
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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Manager The name and address of each Manager		: FIL	ED
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	12 JUL 24 SECRETARY FALLAHASSE	OF STATE
MGR	Gonzalo Perez 516 SW 6th Avenue Fort Lauderdale, FL 33315		
(Use attachment if necessary) CLE V: Effective date, if other than the da effective date is listed, the date must be specified.	te of filing: July 23, 2012 pecific and cannot be more than fiv	(OPTION ve business da	AL) ays prior
0 days after the date of filing.) REQUIRED SIGNATURE:	7		
Signature of a member o	r an authorized representative of a mem	ıber.	
(In accordance with section 608.40 constitutes an affirmation under the	8(3), Florida Statutes, the execution of this e penalties of perjury that the facts stated h ion submitted in a document to the Departr provided for in s.817.155, F.S.)	document erein are true.	
Typed Filling Fees:	onzalo Ferez d or printed name of signee		

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