

U7000069633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

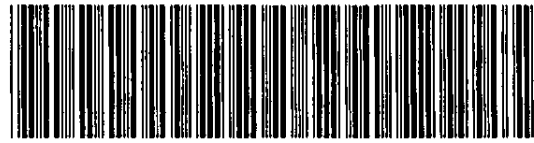
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: GAENCO LLC

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:

JORGE L MARTINEZ, CPA

Name of Person

MARTINEZ-MARQUEZ, CPA, PA

Firm/Company

6303 BLUE LAGOON DR, STE 200

Address

MIAMI, FL 33126

City/State and Zip Code

jorge@mgccpa.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jorge Martinez 305 274-2626

Name of Person at () Daytime Telephone 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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Martinez-Marquez, CPA, PA.
6303 Blue Lagoon Drive, Suite 200
Miami, Fl 33126

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

GAENCO, LLC

ARTICLE II - Address

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

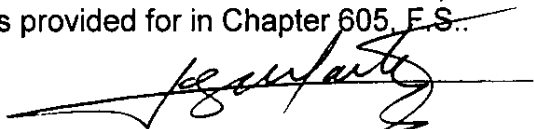
11118 NW 80TH LANE
DORAL, FL 33178

ARTICLE III - Registered Agent, Registered Office, & Registered Agents' Signature

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

Jorge Martinez, CPA
6303 Blue Lagoon Dr., Suite 200
Miami, FL 33126

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 605, F.S..



Registered Agent's Signature

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TALLAHASSEE, FLORIDA

ARTICLE IV - Authorized Members or Managing Members

Title:

Name and Address:

AMBR

Fernando J Manfrini AND
Silvina P. Manfrini, as Tenants
by the Entirety

11118 NW 80th Lane
Doral, FL 33178

ARTICLE V - Percentage Participation of Members

The Percentage participation of the members shall be as follows:

Fernando J Manfrini and Silvina P Manfrini, as Tenants by entirety	100%
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ARTICLE VI - Management

The business of the company shall be conducted under the exclusive management of its authorized members, who will have the exclusive authority to act for the company in all matters. Either Managing Member acting in their individual capacity shall have the authority to bind the LLC to a third party with respect to any matter.

ARTICLE VII - Continuance of the Company

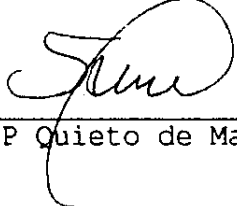
In the event of the death, resignation, or retirement of an authorized member, the remaining authorized member shall have the sole right to continue the business of the Company and shall acquire the membership interest of the retired authorized member.

Signatures on following page

REQUIRED SIGNATURES:



Fernando J Manfrini



Silvina P Quieto de Manfrini

(In accordance with section 605.0203, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)