

L01000011214

Hector Salomene

Requester's Name

500 NE 10th Ave.

Address

Ft. Lauderdale, FL 33301-1222

City/State/Zip

Phone #

Office Use Only

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

1. _____
(Corporation Name) (Document #) **100004458661--7**
-07/05/01--01008--001
2. _____
(Corporation Name) (Document #) ******125.00 ****125.00**
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ 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

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

OTHER FILINGS

Name	Availability
Document	Examiner
Annual Report	Updater
Fictitious Name	Updater
Verifier	Acknowledgement
CR2E031 (7/97)	

Examiner's Initials

01 JUL -3 AM 11:39
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Gibraltar Facilities Svcs. Co. LLC

ARTICLE II - Address:

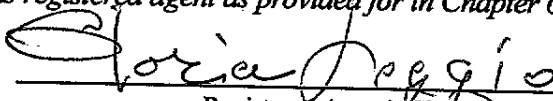
The mailing address and street address of the principal office of the Limited Liability Company is:
500 NE 10 Avenue Ft. Lauderdale, FL. 33301

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

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

Gloria Leggio, CPA
Name
204-22 NW. 550T Miami, FL. 33055
Florida street address (P.O. Box NOT acceptable)
Miami, FL 33055
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

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TALLAHASSEE, FLORIDA

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

A manager Managed company by the (2) principal members,
Cristina Uzcategui and Hector V. Salomone

(An additional article must be added if an effective date is requested)


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.)

Hector V. Salomone

Typed or printed name of signee

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)