

W04000048954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

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FLC

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06/28/04--01046--007 \*\*125.00

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June 23, 2004

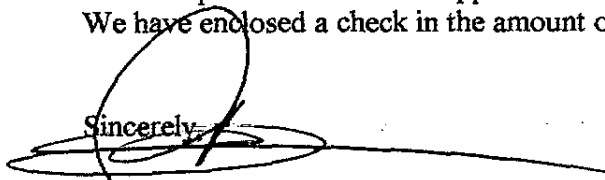
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida, 32314

Re: Articles of Organization for Gelarte, LLC

To Registration Section:

Please expedite the enclosed application for the establishment of our LLC.  
We have enclosed a check in the amount of \$ 125.00 Thank You.

Sincerely,



Carlos Amaro  
1800 Sunset Harbour Dr. #1006  
Miami Beach, Florida 33139

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Gelarte, Inc.

(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:

Carlos Amaro

(Name of Person)

(Firm/Company)

1800 Sunset Harbour #1006

(Address)

Miami Beach, Florida 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos Amaro

(Name of Person)

at ( 305 )

495-6732

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Gelarte, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

5570 N.W. 107 Avenue # 915

Miami Florida 33178

**Mailing Address:**

5570 N.W. 107 Avenue # 915

Miami Florida 33178

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

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

Carlos Amaro

Name

1800 Sunset Harbour #1006

Florida street address (P.O. Box **NOT** acceptable)

Miami Beach FLORIDA 33139

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, Florida Statutes..*

  
\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Carlos Amaro

1800 Sunset Harbour Dr. #1006

Miami Beach, Florida 33139

MGRM

Emidio Pompei

5570 N.W. 107 Avenue # 915

Miami Florida 33178

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

Carlos Amaro

\_\_\_\_\_  
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)**