

#6
L05000003149

2005 JAN 10 P 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

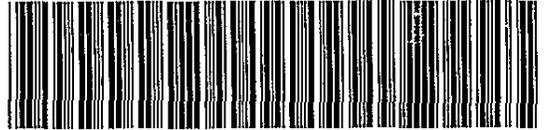
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W005-251

Office Use Only



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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

FILED

2005 JAN 10 P 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 4, 2005

JORGE A. GAVIRIA
504 WOODGATE CIR.
SUNRISE, FL 33326

SUBJECT: JAZZ GALLERY FRAMING STUDIO, LLC
Ref. Number: W05000000251

We have received your document for JAZZ GALLERY FRAMING STUDIO, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 805A00000146

TRANSMITTAL LETTER

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2005 JAN 10 P 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To: Registration Section, Division of Corporations

Subject: JAZZ GALLERY FRAMING STUDIO, LLC

Date: December 17th, 2004

The enclosed Articles of Organization and fee (s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Jorge A. Gaviria,	(Name of Person)
Jazz Gallery Framing Studio, LLC	(Company Name)
504 Woodgate Circle	(Address)
Sunrise, FL., 33326	

For further information concerning this matter please call: Jorge Gaviria, at

954-246-2920

Enclosed please find check in the amount of \$160.00, as filing fees, including Certificate of Status and Certified Copy.

Service Delivery to:

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

Ltr # 805A00000 146

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

2005 JAN 10 P 3:29

SUBJECT: Jazz Gallery Framing Studio, 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 A. Gavia
(Name of Person)

Jazz Gallery Framing Studio, LLC
(Firm/Company)

504 Woodgate Circle
(Address)

Sunrise, FL 33326
(City/State and Zip Code)

For further information concerning this matter, please call:

Jorge Gavia at (954) 940-2215
(Name of Person) (Area Code & Daytime Telephone Number)

954-450-1442

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)

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

Payment was already submitted
thank you.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name

The name of the Limited Liability Company is: **JAZZ GALLERY
FRAMING STUDIO, LLC**

2005 JUN 10 P 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address

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

Principal Office Address: 17079 Pines Blvd.
Pembroke Pines, FL. 33027-1090

Mailing Address: 504 Woodgate Circle
Sunrise, FL. 33326

ARTICLE III - Registered Agent

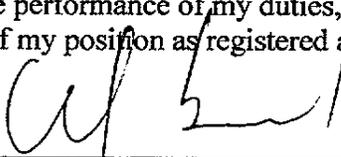
The name and the Florida street address of the registered agent are:

JORGE A. GAVIRIA
Name

504 Woodgate Circle
Florida street address

Sunrise, FL., 33326
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

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

FILED

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

2005 JAN 10 P 3:1

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

SECRETARY OF STAT.
TALLAHASSEE, FLORIDA

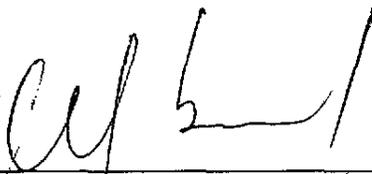
MGR

Diana C. Jaramillo
504 Woodgate Circle
Sunrise, FL. 33326

MGRM

Jorge A. Gaviria
504 Woodgate Circle
Sunrise, FL. 33326

REQUIRED SIGNATURE:



Signature of authorized Managing 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.)

Jorge A. Gaviria

Authorized Signee