

L05000010867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

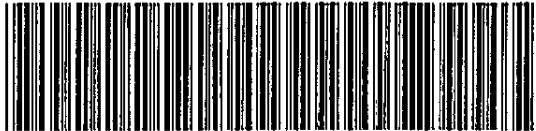
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GEFEN & D'AMBROSIO, 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:

GREGORY S. GEFEN
(Name of Person)

GEFEN & D'AMBROSIO, LLC
(Firm/Company)

2255 GLADES ROAD, #236 WEST
(Address)

BOCA RATON, FL 33431
(City/State and Zip Code)

For further information concerning this matter, please call:

GREGORY S GEFEN at (561) 988-0088
(Name of Person) (Area Code & 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 copies enclosed)

STREET ADDRESS:
Reg. Sec.
Div. of Corporations
409 E. G.
Tallahassee

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

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TALLAHASSEE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GEFEN & D'AMBROSIO 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:

2255 GLADES ROAD
SUITE 236 WEST
BOCA RATON, FL, 33431

SAME AS PRINCIPAL ADDRESS

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

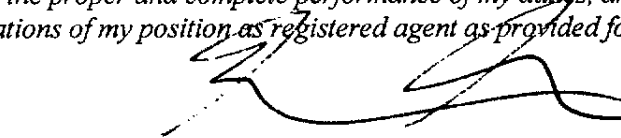
The name and the Florida street address of the registered agent are:

GREGORY S. GEFEN
Name

2255 GLADES ROAD, SUITE 236 WEST
Florida street address (P.O. Box **NOT** acceptable)

BOCA RATON, FL 33431 FL
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JAN 24 A 7 55

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(CONTINUED)

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

GREGORY S. GEFEN, PA

2255 Glades Road #236 West

BOCA RATON, FL 33431

MGRM

JOSEPH P. D'AMBROSIO, PA

2255 Glades Road #236 West

BOCA RATON, FL 33431

(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.)

GREGORY S. GEFEN

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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