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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : XIOMARA LEE, P.A.

Account Number : I20040000008 Phone : (305) 262-2323

Fax Number : (305)262-2324

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LIMITED LIABILITY COMPANY

GAGLIASTRI LLC.

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		principal office of the Limited Li	aointy Compa
Principal Office	Address:	Mailing Address:	
8055 CORAL WAY	, 	8055 CORAL WAY	<u> </u>
MIAMI, FL 33155		MIAMI, FL 33155	<u>={</u> }
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		,~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u> </u>
			300
The name and the	Florida street address of the		Signature.
The name and the		TRI	English .
The name and the	LUIZ ANTONIO GAGLIAS Na 8055 CORAL WAY	TRI	Signature.
The name and the	LUIZ ANTONIO GAGLIAS Na 8055 CORAL WAY	TRI	P
The name and the	LUIZ ANTONIO GAGLIAS Na 8055 CORAL WAY Florida street address MIAMI, FL 33155	P.O. Box NOT acceptable) FLORIDA	Hu.
The name and the	LUIZ ANTONIO GAGLIAS Na 8055 CORAL WAY Florida street address MIAMI, FL 33155	P.O. Box <u>NOT</u> acceptable)	Elianie.

Page 1 of 2 (CONTINUED)

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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	LUIZ A. GAGLIASTRI	
	8056 CORAL WAY	
	MIAMI, FL 33155	To 2
MGRM .	MARIA F. FREITAS	05 /.PR
	8055 CORAL WAY	
•	MIAMI, FL 33155	<u> </u>
		21 [5]
		S
		STATE ORIDA

	4,44	
(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.)

Luz Antonio Gagliastri
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

5 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

5.00 Certificate of Status (Optional)

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