

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000121903 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

RECEIVED
05 MAY 13 AM 8:02
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

juliet gonya realty, l.l.c.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

05 MAY 13 AM 8:35
STATE
TALLAHASSEE, FLORIDA

③

H05000121903

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF
JULIET GONYA REALTY, L.L.C.**

ARTICLE I

The name of the Limited Liability Company shall: JULIET GONYA REALTY, L.L.C.

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 5346 PINETREE DRIVE, MIAMI BEACH, FL 33140

ARTICLE IV

The name of the Managers for this company shall be:

MANAGER
JULIET GONYA

ARTICLE V

The name and the Florida street address of the registered agent are:
PATRICK E. GONYA, ESQ., 200 SOUTH BISCAYNE BLVD., #2500, MIAMI,
FL 33131

STATE
OF FLORIDA
MAY 13 AM 8:35
FILED
TALLAHASSEE, FLORIDA

H05000121903

TOTAL P.03

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE**

JULIET GONYA REALTY, L.L.C.
(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

[Signature]
Registered Agent

[Signature]
Signature of a member or an authorized representative of a member.

05 MAY 13 AM 8:35
TALLahassee, FL
A

(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.)

JULIET GONYA
Typed or printed name of signee

405000/21903