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(Rec	uestor's Name)	
(Add	iress)	
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(City	/State/Zip/Phone	e #f)
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Consideration to F	DE	
Special Instructions to F	lling Officer:	
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Office Use Only



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1. SMAX MAY 246 2005

TRANSMITTAL LETTER

	tration Section of Cor			
SUBJECT:	SAMACO	, LLC		
_		(Name of Limited	Liability Company)	
The enclosed A	Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return a	il correspo	endence concerning this matter	r to the following:	
_1	ROGERS	MADRID SOTO		
		(1)	lame of Person)	0 ~2
	1	Parcer & Maeler	de,	夏夏五
			inn/Constant)	A 25 PY
17	20 SW 13	39th Ave		
			(Address)	ORITO ORI
	Miami	/ Florida 33175		
	•	(City/	State and Zip Code)	
For further info	ormation c	concerning this matter, please of	call:	
ROGERS MA	ADRID SO	ото	at (305) 2284489	
·-	(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a	check for	r the following amount:		
🗖 \$125.00 Fil	ling Fee	☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	erne:	FT ARRESC.	MATERICA	nndfec.

STREET ADDRESS:

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

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 2, 2005

ROGERS MADRID SOTO 1720 SW 139TH AVE. MIAMI, FL 33175

SUBJECT: GAMACO, LLC Ref. Number: W05000022012



We have received your document for GAMACO, 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):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 605A00030931

226-3640 . FAX.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

GAMACO, LLC		
A TARREST - VE - A 1 1		
ARTICLE II - Address:	brace of the minerical office of the Limited Liebility Co	
The maning address and succe ad	lress of the principal office of the Limited Liability Co	unpany
Principal Office Address:	Mailing Address:	
1720 SW 139th Ave.	1720 SW 139th Ave.	
MIAMI, FL 33175	MIAMI, FL 33175	
ARTICLE III - Registered Age	t, Registered Office, & Registered Agent's Signatus	_ _ res_
The name and the Florida street a	t, Registered Office, & Registered Agent's Signature dress of the registered agent are:	2005 MAY
The name and the Florida street a	dress of the registered agent are:	2005 MAY 25
The name and the Florida street a	$\mathbf{A}_{\mathbf{k}}$	105 MAY 25
The name and the Florida street a	dress of the registered agent are: Name All All All All All All All A	105 MAY 25 PM
The name and the Florida street a	dress of the registered agent are:	105 MAY 25
The name and the Florida street a GERM 1720 S	dress of the registered agent are: W. GARAIA Name W. 139 Th. AVE NUE THE SEE FLOW THE SEE FLOW	105 MAY 25 PM

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

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	ROGERS MADRID SOTO
	1720 SW 139th Ave.
	MIAMI, FL. 33175
	EE FLORI
(Use attachment if necessary)	P
NOTE: An additional article	e must be added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a	with section 608.408(3), Florida Statutes, the execution
of this docume	nt constitutes an affirmation under the penalties of perjury stated herein are true.)
that the facts	, 5,

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)