L06000620444

| . (Requ | uestor's Name) | |
|----------------------------|-----------------|-----------|
| (Addı | '00C) | |
| (Addi | 655) | |
| (Addi | ress) | |
| · | · | |
| (City/ | State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Busi | ness Entity Nam | ne) |
| | | |
| (Doc | ument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Fi | Hing Officer: | |
| ¥ | Office Use Onl | v |



000065910930

02/24/06--01029--013 **155.60

236 FE3 24 PM 12: 51

06 FE9 24 - 17 || 43

LAZARUS CORPORATE FILING SERVICE

| 3320 SW 87 TH AVENUE | |
|--|--|
| MIAMI, FL 33165 (305) 552-597 | 73 |
| CORPORATION NAME(S) & DOCUME | Office Use Only |
| 1. GAOSDALI 18, L. (Corporation Name) | (Document #) |
| 2. (Corporation Name) | (Document #) |
| 3. (Corporation Name) | (Document #) |
| 4. (Corporation Name) | (Document #) |
| Walk in Pick up time | OS Certified Copy ☐ Photocopy ☐ Certificate of Status |
| NEW FILINGS Profit Not for Profit Limited Liability Domestication Other | AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger |
| OTHER FILINGS Annual Report Fictitious Name | REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other |
| | |

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

GAOSDALI 18, L.L.C.

THE PARTY OF THE ST

ARTICLE I - Name

The name of the Limited Liability Company is: GAOSDALI 18, L.L.C.

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is: 8360 WEST FLAGLER STREET, SUITE #200, MIAMI, FLORIDA 33144.

ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be: PERPETUAL.

ARTICLE IV - Management

The Limited Liability Company is to be managed by the member(s) and the name and address of the managing member(s) (are) (is): LEON OLIWKOWICZ, 8360 WEST FLAGLER STREET, SUITE #200, MIAMI, FLORIDA 33144.

The undersigned member or authorized representative of a member of: GAOSDALI 18, LLC, disposes and says:

- 1) the above named limited liability company hast at least one member.
- 2) the total amount o cash contributed by the member(s) is \$1,000.00.
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$0. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$50,000.00. This total includes amounts from 2 and 3 above.

LEON OLIWKOWICZ

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT OF DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: GAOSDALI 18, L.L.C.
- The name and address of the registered agent and office is: LEON OLIWKOWICZ, 8360 West Flagler Street, #200, Miami, FLORIDA 33144.

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.

1

COUNTY OF DADE

STATE OF FLORIDA)

I HEREBY CERTIFY that on this date, before me, an officer duly authorized in

2/21/06

in the STATE AND COUNTY AFORESAID to take acknowledgments, personally appeared, LEON OLIWKOWICZ, of GAOSDALI 18, L.L.C., who is personally known or who did furnish identification, and who acknowledged executing the foregoing Designation and acceptance as Registered Agent, freely and voluntarily for the purposes therein stated.

WHITNESS MY HAND AND OFFICIAL SEAL IN THE: County and

State last aforesaid this 2/5/day of February 2006.

Sunday Ovidora mos (SEA)

OFARY PUBLIC PRINT NAME OF NOTARY

