

APR-20-2006 THU 04:22 PM GULF GROUP

FAX NO. 305 713 3343

P. 1 of 1

Division of Corporations

Page 1 of 1

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.

(((H06000099322 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 : DEBORAH MARKS, P.A.
Account Number : I20060000054
Phone : (305) 372-9400
Fax Number : (305) 716-9154

FLORIDA/FOREIGN LIMITED LIABILITY CO

Gimel Tax 10, LLC

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

RECEIVED

06 APR 20 PM 4:25

DIVISION OF CORPORATION

06 APR 20 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H060000993223

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Article 1: Name:

The Name of the Limited Liability Company is Gimel Tax 10, LLC.

Article II: Address:

The Mailing Address and Street Address of the principal office of the Limited Liability Company are:

Principal Office Address:

18405 Biscayne Boulevard
Suite 400
Aventura, Florida 33160

Mailing Address:

c/o MLHM, Inc.
Dept 5193
Birmingham, AL 35287-5193

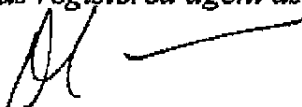
Article III: Registered Agent, Registered Office, & Registered Agent

Signature:

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

Deborah Marks, Esq.
999 Brickell Bay Drive
Suite 1809
Miami, Florida 33131

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.



Deborah Marks

(CONTINUED)

PAGE 1 of 2

H060000993223

FILED
06 APR 20 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4060000993223

Article IV: Manager(s) or Managing Manager(s):

This entity is a manager managed Limited Liability Company.

The name and address of each Manager or Managing Manager is as follows:

Title: _____ **Name and Address:** _____

"MGR" = Manager

"MGRM" = Managing Manager

MGR Beatriz Agramonte
18305 Biscayne Boulevard
Suite 400
Aventura, Florida 33160

Required Signature:

DEBORAH MARKS, ESQ.

Authorized representative of a member of this entity

(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.)

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)

FILED
06 APR 20 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4060000993223