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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FEB 12 AM 8:35

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**FLORIDA/FOREIGN LIMITED LIABILITY CO.****GAFJJSLLC**

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2/12/2007
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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GAFJTS LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1110 D. PARKSIDE GREEN

SAME

WEST PALM BEACH

FLORIDA 33415

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

ANTONIO MANGSLAVITI

Name

1110 D PARKSIDE GREEN

Florida street address (P.O. Box NOT acceptable)

WEST PALM BEACH, FL 33415

City, State, and Zip

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 this 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, Florida Statutes.



Registered Agent's Signature

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:

MGR

ANTONIO MANGLAVITI
110 D MARKING GREEN
WEST PALM BEACH FL 33411

MGRM

JOSEPH GIARDINA

MGRM

- SAME -

MGRM

GIOVANNI ROMEO

MGRM

- SAME -

FRANK ROMEO

- SAME -

JOE ROMEO

- SAME -

(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 608.400(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ANTONIO MANGLAVITI
Typed or printed name of signer

2000 FEB 12 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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