## 

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	<u></u>		
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Re	questor's Name)	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Ad	dress)	
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## **COVER LETTER**

TO: Registration Se Division of Co			
SUBJECT: GAD U	Iniversal Enterprises,	LLC d Liability Company)	·····
	(Name of Limite	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	condence concerning this matte	er to the following:	
Gerardo A			
	(	Name of Person)	
GAD Unive	ersal Enterprises, LL	C	07
<del> </del>	(	(Firm/Company)	
11210 SW	/ 62nd Lane		HASE I
<u> <del>,</del></u>		(Address)	形g 王
Miami, FL	. 33173		OT HAY IL AH II: 02 SECRETARY OF STATE TALLAHASSEE FLOAD
		/State and Zip Code)	APPER 2
For further information	concerning this matter, please	call:	
Gerardo A. Diaz		at ( 305 ) 412-8646	
(Name	e of Person)	(Area Code & Daytime Telep	hone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci	rcle

Tallahassee, FL 32301

ARTICLE I - Name: The name of the Limited Liability Company is:		
GAD Universal Enterprises, LLC		
(Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address:	to the Communication of the Co	
ine mailing address and street address of the pri	incipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
11210 SW 62nd Lane	Same	
Miaml, FL 33173		
Miami, FL 33173 City, State, as	egistered agent are:  egistered agent are:  FLORD  FL  nd Zip	07 23 2 1 1 1 1 1 1
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S	

(CONTINUED) Page 1 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## 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	Gerardo A. Diaz	
	11210 SW 62nd Lane	
	Miami, FL 33173	
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	<u> </u>	
	50	置 問
(Use attachment if necessary)	HIDA HIDA	1:02
ARTICLE V: Effective date, if other than the		
(If an effective date is listed, the date must to or 90 days after the date of filing.)	be specific and cannot be more than five business d	lays prior
REQUIRED SIGNATURE:		0
Signature of a mem	ber or an authorized representative of a member.	
(In accordance with of this document con that the facts stated	section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury d herein are true.)	
GE	ENANDO A DIAZ	
	Typed or printed name of signee	

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)