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SECRETARY OF STATE DIVISION OF CORPORATIONS

### **COVER LETTER**

	ntion Section of Corporations	
SUBJECT:	GAUCHO PROPORTIES LLC.	
SCHOLLET,	GAUCHO PROPERTIES LLC. (Name of Limited Liability Company)	
The enclosed Arti	icles of Organization and fee(s) are submitted for filing.	
Please return all c	correspondence concerning this matter to the following:	
	WILLIAM FIERRO (Name of Person)	
	GAUCHO PROPERTIES, LLC (Firm/Company)	
, <del></del> -	293 HAZELTINO OR.	OT DEC 21 MII: 35
	(Address)	21
	DEBARY FL. 32713 (City/State and Zip Code)	Propropries
	(City/State and Zip Code)	7.3
For further inform	mation concerning this matter, please call:	Q. 5
Ni LLIA	(Name of Person) at (386) 956-0334 (Area Code & Daytime Telephone Number)	_
Enclosed is a c	theck for the following amount:	
\$125.00 Filing	g Fee \$\sim \\$130.00 \text{ Filing Fee & } \subseteq \\$155.00 \text{ Filing Fee & } \subseteq \\$160.00 \text{ Filing Fee & } \text{ Certified Copy } \text{ Certified Copy } \text{ Certified Copy } \text{ Certified Copy } \text{ (additional copy is enclosed)} \text{ Certified Copy } \text{ (additional copy is enclosed)}	tatus &
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

## ARTICLES OF ORGANIZATION GAUCHO PROPERTIES, LLC.

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

Gaucho Properties, LLC.

#### ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 293 Hazeltine Dr., DeBary, FL. 32713

ARTICLE III - Registered Agent, Registered Office, Registered Agent's

Signature:

Name: Wiliiam Fierro

Address: 293 Hazeltine Dr., DeBary, FL. 32713

Having been named as registered agent and to accept services 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 statues relating to the proper performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature:

Name: William Fierro

**ARTICLE IV** – Managing Member:

Title: Name and Address:

MGRM William Fierro

293 Hazeltine Dr, DeBary, FL. 32713

#### SIGNATURE:

(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.)

William Fierro

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