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COVER LETTER

10: Registration Division of C						
SUBJECT:	race m.	Gómez	LLC			
		f Limited Liability Com	pany)			
The enclosed Articles	of Organization and fee	(s) are submitted for fili	ng.			
Please return all corres	pondence concerning t	his matter to the following	ng:			
GR	ACE GÓN	Name of Person)	···			
	ACE M. C		.uc			
	<u>111 SW 113</u>	AVE (Address)				
M	FAMI, FA	2. 33176 (City/State and Zip Co				
	,	(City/State and Zip Co	de)	Ä	記 <u>。</u> 2	AC Sec
For further information	concerning this matter	r, please call:		Ę	23	L L
GRACE	GÓMEZ 1	580. at (305) 458-5	354	PH 12: 10	0
(Nam	e of Person)	(Area Co	ode & Daytime Teleph	hone Number)	2:10	
Enclosed is a check f	or the following amo	unt:			Du O	
\$125.00 Filing Fee	\$130.00 Filing F Certificate of Sta	itus Certified C	opy opy is enclosed)	\$160.00 Filing Fe Certificate of State Certified Copy (additional copy is en	us &	
	Mailing Address Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	Registra ations Divisio Clifton 314 2661 E	Courier Address ation Section n of Corporations Building xecutive Center Circssee, FL 32301	cle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
GRACE M. GOMEZ (Must end with the words "Limited Liability	LLC. y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7235 CORAL Way MIAMI, FL 33155 Suite 212	12111 SW 113th AVE MIAMI, FL. 33176
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
GRACE GÓN	NEZ ESQ. HO
12111 SW 113	ess (P.O. Box NOT acceptable)
City, State, an	FL 33/76 d Zip
liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S
registered grant 3 Signatur	Y (4)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (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.) 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)