L08000009039

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SECHETARY OF STATE
TALLAHASSEE, FLORIDA

M. Thomas JAN 28 2008

TRANSMITTAL LETTER

Registration Section

TO:

André C. McAden (Name of Person)

Division of Corporations	
28 24 th -	১ বিজ্ঞানী বিশ্ববিদ্যালয় কৰি বি
SUBJECT: Guiallame & Associates	Street in a troop of the second of the second
(Name of Limited Liability Company)	•
•	CONTRACTOR SEA
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the	e following:
André C. McAden	
(Name of Person)	
Blake & Associates Small Business Services, LLC	· · · · · · · · · · · · · · · · · · ·
(Firm/Company)	4 10.0
5433 N. University Dr. Ste. 124	JAN 25
(Address)	25 H
Lauderhill, FL 33351	نند ريد رئ
(City/State and Zip Code)	F.S. G.
For further information concerning this matter, please call:	OF STATE

at (954) 495-8302

Area Code & Daytime Phone

STREET ADDRESS

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 10, 2008

ANDRE C. MCADEN 5433 N UNIVERSITY DR. STE 124 LAUDERHILL, FL 33351

SUBJECT: GUIALLAME & ASSOCIATES

Ref. Number: W08000001604

We have received your document for GUIALLAME & ASSOCIATES and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective July 1, 2007, the name of a limited liability company mustend with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Letter Number: 308A00002170

Marsha Thomas Regulatory Specialist II HIED W 25 M 8: 12 HIGHER FROME HIGHER FROME

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Guiallame & Associates, LLC			
ARTICLE II - Address: The mailing address and street address of the printing address and street address and	ncipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
10211 Pines Blvd	10211 Pines Blvd		
Ste. 109	Ste. 109		
Pembroke Pines, FL 33026	Pembroke Pines, FL 33026		
5433 N. University Dr. St	ame		
Lauderhill, FLORIDA 33351 City, State, and Zip			
company at the place designated in this certificate, I lagree to act in this capacity. I further agree to comply and complete performance of my duties, and I am fan registered agent as provide Registered Agent	t service of process for the above stated limited liability hereby accept the appointment as registered agent and with the provisions of all statutes relating to the proper niliar with and accept the obligations of my position as led for in Chapter 608, F.S. ent's Signature 1 of 2 INUED)		

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" = Managin	ng Member	Name and Address:
MGR		William Bright 2275 Biscayne Blvd Unit P11-105 Miami, FL 33137
(Use attachment if no		led if an effective date is requested.
REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member.		
,	(In accordance with second this document constituted that the facts stated here	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury
	André C. McAden Tyj	ped or printed name of signee
Filing Fees: \$100.00 Filing Fee for Articles of Organization \$25.00 Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)		