108000071163

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Sity/State/Elp/Fillone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only

EFFECTIVE DATE 7/16/08



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OB JUL 23 PM IZ: 50
SECRETARY OF STATE
AREANSEE. FLORID

D. BRUCE

JUL 24 2008

EXAMINER

Claudia Quintero

Address:

17005 SW 168th Avenue Miami, Fl 33187

Phone number: (786) 412-5607

O8 JUL 23 PH IZ: 50
SECRETARY OF STATE
AND ANASSEF. FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: GANORO	S E V	il (ty Company)	; LLC
The enclosed Articles of Organization ar	nd fee(s) are submitt	ed for filing.	
Please return all correspondence concerr	ing this matter to th	e following:	
Cardo	Q Me	of Person)	·
		, 	
	(Firm/C	Company)	-
1700 Sw	(68) f	VE.	
Maria	(Ad	dress)	
Man, t	(City/State a	and Zip Code)	
		•	
For further information concerning this r	natter, please call:		
Johanne File	leno-at (305, 803	-8692
(Name of Person)	1	(Area Code & Daytime Telep	phone Number)
Enclosed is a check for the following	amount:		
\$125.00 Filing Fee \$130.00 Filing Certificate of	of Status Co	55.00 Filing Fee & Prified Copy ditional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration So Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	08 JUL 23 SECRETARY TALLAHASSE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:

Principal Office Address:

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

Principal Office Address:	Mailing Address:	
17005 SW 168 ACE	Some as above	
	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another	
The name and the Florida street address of th	e registered agent are:	

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

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 the 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, F.S..

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	$\sim \Lambda$
HER-Hanager	Claudia Divited
	May 71 33187
MERM	Johanna Saldana
	1296 Sw 29951100
MERH	Jacelyn Saldana
•	12076 Se 2 49 35 Mary +1 33052
	•

(Use attachment if necessary)

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)

OR JUL 23 PH I2: 50
SECREMENT OF STATE