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SECRETARY OF STATE

D. BRUCE

MAY 13 2009

EXAMINER

# **COVER LETTER**

TO:	Registration S Division of Co								
SUBJI	ECT:	AG SC	OUTH	I BEACH	I, LLC				
		Name of Limit							
The en	closed Articles of	Organization and fee(s) are	submitte	ed for filing.					
Please	return all corresp	ondence concerning this matt	er to the	e following:					
		AN		O GALLO					_
			Name o	f Person					
		AG SC		BEACH, ι	.LC		TAL	9	_
			Firm/C	ompany			CRE	×	-
	1801 PURDY AVENUE SSR				TAR ASS	~	Ī		
			Add	dress			EE. F	A	Γ
•		MIAMI	BEAG	CH, FL 33	139		107 11S	AM 11: 5	ַ <b>(</b>
		Cit	y/State a	ind Zip Code			RIDA	55	
		E-mail address: (to be used	for future	annual report	notificatio	n)			
For fu	ther information	concerning this matter, please	e call:						
	ANTOI	NIO GALLO	_ at (	305_)		582-2467			
	Name	of Person		Area Code &	& Daytime	Telephone Numb	er		
Enclo	sed is a check for	or the following amount:							
<b>/</b> \$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	_ Ce	55.00 Filing ertified Copy Iditional copy	y	\$160.00 Certifica Certified (additiona	ite of Sta l Copy	ıtus &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street/Cou Registratio Division o Clifton Bu 2661 Exec Tallahasse	n Section f Corporat ilding utive Cen	ions er Circle			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	me:		
The name of the L	imited Liability Co	mpany is:	
	AG SOL	JTH BEACH, LLC	
(M	ust end with the words "I	Limited Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - A		0.1 07 . 0.1	and the Commence of
The mailing addre	ss and street addres	es of the principal office of the Limited Li	ability Company is:
Principal Office A	Address:	<b>Mailing Address:</b>	
1801 PURDY A\	VENUE	1801 PURDY AVENUE	
MIAMI BEACH, I		MIAMI BEACH, FL 33139	
The name and the	A	NTONIO GALLO Name  1 PURDY AVENUE  address (P.O. Box NOT acceptable)	MAY 12 AM 11:55  CRETARY OF STATE AHASSEE, FLORID,
	MIAMI BEACH		1
	(	City, State, and Zip	
liability compa registered agent a statutes relating	my at the place desi and agree to act in to to the proper and c	ent and to accept service of process for the ignated in this certificate, I hereby accept the his capacity. I further agree to comply with complete performance of my duties, and I action as registered agent as provided for in C	he appointment as h the provisions of all m familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

### 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:

<u>Title:</u>	Name and Address:	
"MGR" = Manager "MGRM" = Managir	a Mambar	
MCKW - Managu	g Member	
MGRM	ANTONIO GALLO	
	1801 PURDY AVENUE	
	MIAMI BEACH, FL 33139	
(Use attachment if no	(escant)	
(Ose attachment if it	ecosary y	
	if other than the date of filing: (OPTIONAL)	
	the date must be specific and cannot be more than five business days pr	'ior
or 90 days after the date o	i ining.)	
REQUIRED SIGNA	TURE:	
	The state of the s	
	nature of a member or an authorized representative of a member.	
· · · · · · · · · · · · · · · · · · ·		77
of	accordance with section 608.408(3), Florida Statutes, the execution this document constitutes an affirmation under the penalties of perjury the facts stated herein are true.)	=
	ANTONIO GALLO	Π
Pilina Franc	Typed or printed name of signee	フ
Filing Fees:	OA OA	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)