

Division of Corporations Public Access System

## Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000183453 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694

Fax Number

: (305)633~9696

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

ganaim, lle

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00



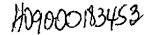
ronic Filing Menu

Corporate Filing Menu

M. THOMAS

AUG 18 2009

https://cfilc.sunbiz.org/scripts/efilcovr.exe



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
GANAI	M. LLC	
	isbility Company," "L.L.C.," or "LLC	)
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limi	ted Liability Company is:
Principal Office Address:	Mailing Address:	
2525 PONCE DE LEON BLVD CORAL GABLES 33134	SAME	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Robusiness entity with an active Florida registration.)  The manne and the Florida street address of the MICHAEL	ogistored Agent. You must designate a	
· Na	me	SEE 17
2525 PONCE	DE LEON BLVD	FS & M
Plorida street address (P	Florida street address (P.O. Box NOT acceptable)	
CORAL GABLES 331	34 FL	D 8:55 ORIDA
City, State	o, and Zip	- G
Having been named as registered agent and liability company at the place designated is registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate, I hereby acc city. I further agree to comply performance of my duties, an existered agent as provided for	ept the appointment as y with the provisions of all d I am familiar with and

(CONTINUED)

H09000183453

## Page 1 of 2

Hog 000 183453

ARTICLE IV- Manager(s) or Man The name and address of each Mana	naging Member(s): ger or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	GLORIA GANAIM 2525 PONCE DE LEON BLVD CORAL GABLES 33134
(Use attachment if necessary)	ZOU SE TALL
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPTIONAL) se specific and cannot be more than five business flays after
REQUIRED SIGNATURE:	An authorized representative of a member,
(In accordance with sec	tion 608.408(3), Florida Statutes, the execution littles an affirmation under the penalties of perjury
	NICHAEL SPRITZER

\$125.00 Piling Ree for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

.H09000183453