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Special Instructions to F	Filing Officer:	
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### **COVER LETTER**

	Registration So Division of Co			EFFEC	TIVE DATE_	1   5
SURJECT	r: GABIC	O LLC.		•		. 1
500000	••	Name of Limit	ed Liability Cor	mpany		_ 
The enclo	sed Articles of	Organization and fee(s) are	submitted for fi	ling.		(
Please retu	urn all correspo	ondence concerning this mat	ter to the follow	ing:		
Α	LFRED	O G CASTILLO				
		The state of the s	Name of Person			
			) Firm/Company	<del></del>		
1	9101 SV	63RD STREET				
			Address			
sc	OUTHWE	ST RANCHES	F2	3333	32	
DI	DELBAC		y/State and Zip C	'ode		
<u>DI</u>	DSLDWG	MAIL.COM  E-mail address: (to be used to	or future annual r	eport notification)		
For further	r information c	oncerning this matter, please	e call:			
ALFRE	DO G CA	STILLO	at ( 954	249-3401		
	Name o	f Person	Area C	ode & Daytime Tel	ephone Number	
Enclosed	is a check for	the following amount:				
\$125.00 Fi	iling Fee 🔽	\$130.00 Filing Fee & Certificate of Status	Certified (	iling Fee & [ Copy copy is enclosed)	\$160.00 Filing Certificate of S Certified Copy (additional copy i	Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regist Divisio Cliftor 2661 E	Courier Address ration Section on of Corporation 1 Building Executive Center assec, FL 32301	s	

## EFFECTIVE DATE 1/3/2011

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	ORIDA LIMITED LIABILITY COMPANY.
GABICO LLC.	王 3
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
19101 SW 63rd STREET	19101 SW 63rd STREET SOUTHWEST RANCHES
SOUTHWEST RANCHES FL 33332	FL 33332
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the r	ered Agent. You must designate an individual or another
ALFREDO G CASTILL	0
Name	
19101 SW 63rd S	STREET
Florida street add	ress (P.O. Box NOT acceptable)
SOUTHWEST RANCHES	S <sub>FL</sub> 33332
City, Sta	ate, and Zip
liability company at the place designated in to registered agent and agree to act in this capacity statutes relating to the proper and complete pe	his certificate, I hereby accept the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

Page 1 of 2

(CONTINUED)

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

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

1309 NW 89th DRIVE CORAL SPRINGS FL 33071  ALFREDO G CASTILLO 19101 SW 63rd STREET SOUTHWEST RANCHES FL 33332
ALFREDO G CASTILLO 19101 SW 63rd STREET
19101 SW 63rd STREET
SOUTHWEST RANCHES FL 33332

ARTICLE V: Effective date, if other than the date of filing: <u>JANUARY/03/2011</u>. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

#### GABRIEL H VELASQUEZ

Typed or printed name of signee

#### Filing Fees:

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

- \$ 39.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)