

L11000095566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

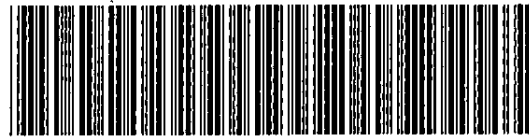
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

AUG 19 2011

EXAMINER

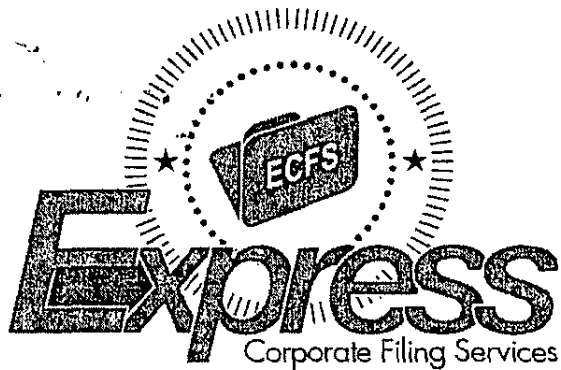


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08/19/11--01011--015 **775.00

RECEIVED
11 AUG 19 AM 10:37
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
DIVISION OF CORPORATIONS



1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134

Phone: 305 444 4994

Email- filing@ecfsfiling.com

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF CORPORATIONS
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OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Gramosa, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time _____ ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input checked="" type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

Examiner's Initials _____

ARTICLES OF ORGANIZATION

OF

GRAMOSA, LLC

ARTICLE I

The name of the limited liability company is **GRAMOSA, LLC.**

ARTICLE II

The address of the principal office and the mailing address of the limited liability company is:

501 Brickell Key Drive
Suite 504
Miami, FL 33131-2608

ARTICLE III

The purpose for which this Limited Liability Company is organized is any and all lawful business.

ARTICLE IV

The name and the Florida street address of the registered agent of the limited liability company is:

Aragon Registered Agents, Inc.
255 Alhambra Circle
Suite 500
Coral Gables, FL 33134

Having been named as the 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.

Date: 8/11/11

Mayra Fernandez
Registered Agent's Signature

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DIVISION OF CORPORATIONS
11 AUG 19 PM 12:59

ARTICLE V

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

Title:

Name and Address:

Manager

Jose Luis Bello Luy
501 Brickell Key Drive
Suite 504
Miami, FL 33131-2608

Manager

Sabrina Larrañaga
501 Brickell Key Drive
Suite 504
Miami, FL 33131-2608

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.

Authorized Signee:


JOSE LUIS BELLO LUY


SABRINA LARRAÑAGA