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# **COVER LETTER**

TO: Registration Son Division of Con			
<sub>SURJECT:</sub> Gaia S	School of Arts L.	L.C.	
		ted Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspondent	ondence concerning this mat	ter to the following:	
Demario (	C. Lee		
		Name of Person	
Gaia Sch	ool of Arts L.L.C		
		Firm/Company	
1420 N.E.	. 33 Avenue #210	)	
		Address	
Homestead	l, Florida 33033		
		ty/State and Zip Code	
demariochri	slee@gmail.com		····
	E-mail address: (to be used	for future annual report notification)	
For further information of	concerning this matter, pleas	e call:	
Joanie Manas		at ( 786) 339-3520	
Name o	of Person	Area Code & Daytime Telep	hone Number
Enclosed is a check fo	r the following amount:	_	_
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cl Tallahassee, FL 32301	rcle

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:	
Gaia School of Arts L.L.C		
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is	
Principal Office Address:	Mailing Address:	
22149 South Dixie Highway	1420 NE 33 Avenue #210	
Miami, Florida 33033	Homestead, Florida 33033	
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another	
The name and the Florida street address of the	ne registered agent are:	-
Demario C. Lee	ASA I	-
Na Na	ime <u> </u>	,
1420 NE 33 Av	enue	! ****
Elarida atrost	address (P.O. Box NOT accentable)	

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..

 $_{FL} \, 33033 \\ \text{City, State, and Zip}$ 

Registered Agent's Signature (REQUIRED)

Homestead

(CONTINUED)

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

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

MGRM	Demario C. Lee
	1420 NE 33 Avenue #210 Homestead, Florida 33033
MGR	Joanie Manas
· · · · · · · · · · · · · · · · · · ·	1420 NE 33 Avenue #210
	Homestead, Florida 33033
MGR	Denayna Ramos
	550 SW 115 Avenue
	Miami, Florida 33174
(Use attachment if necessary)	
	the date of filing: (OPTIC st be specific and cannot be more than five business

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.)

Demario C. Lee

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)