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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE

K. BALY EXAMINER JAN 24 2012

COVER LETTER

TO: Registration Section Division of Corporations	-
SUBJECT: G&G Domus, LLC	
Name of Lin	nited Liability Company
The enclosed Articles of Organization and fee(s) a	re submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Juliana M Gomez	
	Name of Person
	·
	Firm/Company
16931 Royal Poinciana D	r.
	Address
Weston, Florida 33326	
	City/State and Zip Code
angela0513@gmail.com E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, ple	ase call:
Juliana M Gomez	at (954) 6892181
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Com	pany is:
G&G Domus, LLC	
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
16931 Royal Poinciana Dr	16931 Royal Poinciana Dr
Weston, Florida 33326	Weston, Florida 33326
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	pin N
The name and the Florida street address	s of the registered agent are:
Juliana M Gome	Z PAT
	Name
16931 Roya	l Poinciana Dr 면유 등
Florida	street address (P.O. Box NOT acceptable)

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 cert ficate, 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..

City, State, and Zip

FL 33326

Registered Agent' Signature (REQUIRED)

Weston,

(CONTINUED)

Page 1 of 2

	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Membe	er ·
MGRM	Julia na M Gomez
	16931 Royal Poinciana Dr
	Weston, Florida 33326
•	•
Use attachment if necessary)	
(Use attachment if necessary)	
LE V: Effective date, if other the	han the date of filing: (OPTION
LE V: Effective date, if other the lective date is listed, the date is	han the date of filing: (OPTION nust be specific and cannot be more than five business d
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LE V: Effective date, if other the lective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with see constitutes an affirmation of a lam aware that any falls.)	nust be specific and cannot be more than five business d

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)

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