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(City/State/Zip/Phone #)

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Effective Date 05/30/12

FILED  
2012 JUN - 1 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUN - 4 2012

EXAMINER

**GRYSA, S.A. LLC**

18003 NW 87 Place  
Hialeah, FL 33018

Melvin Ramirez, President

(786) 385-0788

Grysasa@gmail.com

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: New Registration for:  
Grysa, S.A., LLC

FILED  
2012 JUN -1 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Sir/Madam:

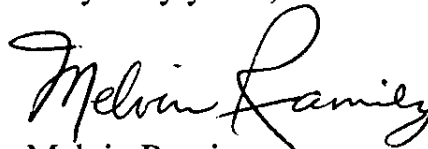
Please find enclosed the new registration for:

GRYSA, S.A., LLC

Also enclosed is a check payable to the Florida Department of State for \$130.00, which cover the filing fee of \$125.00 and \$5.00 to obtain a Certified Copy.

Please feel free to contact us with any questions. Thank you.

Very truly yours,



Melvin Ramirez

Encls.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GRYSA, S.A., LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melvin Ramirez  
Name of Person

Grysa, S.A., LLC  
Firm/Company

18003 NW 87 Place  
Address

Hialeah, FL 33018  
City/State and Zip Code

grysasa@gmail.com  
E-mail address: (to be used for future annual report notification)

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2012 JUN -1 PM 1:03  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

For further information concerning this matter, please call:

Lourdes Rodriguez at ( 786 ) 385-0788  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for 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 Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GRYSA, S.A., LLC

(Must end with the words "Limited 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:**

1800 NW 87 Place, Hialeah, FL 33018

**Mailing Address:**

18003 NW 87 Place, Hialeah, FL 33018

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Effective Date 05/30/12

Melvin Ramirez, President/Registered Agent/MGRM

Name

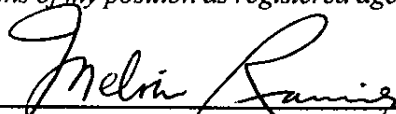
18003 NW 87 Place

Florida street address (P.O. Box **NOT** acceptable)

Hialeah FL 33018

City, State, and Zip

*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..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

Lourdes Rodriguez-MGR

18003 NW 87 Place, Hialeah, FL 33018

Melvin Ramirez-MGRM

1800 NW 87 Place, Hialeah, FL 33018

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 5/30/2012. (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.)

Lourdes Rodriguez

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)**

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