

FROM :

Division of Corporations

FA NO. 30544989

11.13.2012 1:14PM P1

Page 1 of 1

L12000091291

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax and audit number (shown below) on the top and bottom of all pages of the document.

(((H12000181877 3)))



H120001818773ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : RASCO, REININGER, PEREZ & ESQUENAZI, P.L.
Account Number : 104076000124
Phone : (305) 476-7100
Fax Number : (305) 476-7102

*Note we are having problems with our fax. Would you please send us via email at: lperez@grascoklock.com c/o tpissani@grascoklock.com. Thank you.

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
GRACIAS JMSF, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

RECEIVED
12 JUL 13 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

Electronic Filing Menu

Corporate Filing Menu

Help JUL 13 2012

EXAMINER

<https://efile.sunbiz.org/scripts/efilcovr.exe>

7/13/2012

FROM :

FAX NO. : 3054449829

Jul. 13 2012 1:14PM P2

Audit No.: H12000181877 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GRACIAS JMSF, 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:

LUIS A. PEREZ, ESQ.

Name of Person

MIAMI CORPORATE SYSTEMS, LLC

Firm/Company

283 Catalonia Ave., 2nd. Floor

Address

Coral Gables, Florida 33134

City/State and Zip Code

lperez@rascoklock.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis A. Perez

Name of Person

at (305) 476-7100

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

Audit No.: H12000181877 3

FILED
2012 JUL 13 AM 7:59
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FROM :

FAX NO. : 3054449829

Jul. 13 2012 1:15PM P3

Audit No.: H12000181877 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GRACIAS JMSF, LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

283 Catalonia Ave., 2nd. Floor
Coral Gables, Florida 33134

Mailing Address:

283 Catalonia Ave., 2nd. Floor
Coral Gables, Florida 33134

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:

c/o MIAMI CORPORATE SYSTEMS, LLC

Name

283 Catalonia Ave., 2nd. Floor

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

Coral Gables FL 33134

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)

Page 1 of 2

Audit No.: H12000181877 3

FILED
2012 JUL 13 AM 1:59
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FROM :

FAX NO. : 3054449829

Jul. 13 2012 1:15PM P4

Audit No.: H12000181877 3

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:

MGR

FRANCISCO M. PEREZ

c/o 283 Catalonia Ave., 2nd. Floor

Coral Gables, Florida 33134

MGR

LUIS A. PEREZ

c/o 283 Catalonia Ave., 2nd. Floor

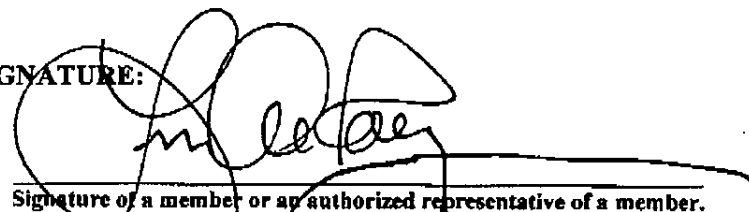
Coral Gables, Florida 33134

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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 609.408(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.)

Typed or printed name of signer.

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)

FILED
2012 JUL 13 AM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA