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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| (Document Number)                       |
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| Certified Copies Certificates of Status |
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SEGRETARY OF STATE OF STATE OF STATE

OCT - 1 2012

T. HAMPTON

# **COVER LETTER**

TO: Registration Section
Division of Corporations

# SUBJECT: G.E.R. MIAMI INVESTMENT PROPERTY 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:

| Gabriel Rincon   |  |
|--|--|
|  | Name of Person   |
|  |  |
|  | Firm/Company   |
| 145 W 55 Street, Apt 10G   |  |
|  | Address  Ork, NY 10019  City/State and Zip Code  e.rincon@gmail.com  E-mail address: (to be used for future annual report notification)  mation concerning this matter, please call:  COD at (305) 494-7269  Name of Person Area Code & Daytime Telephone Number |
| New York, NY 10019   |  |
| Ci   | ty/State and Zip Code  |
| gabriel.e.rincon@gmail.com   |  |
| E-mail address: (to be used  | for future annual report notification)   |
| For further information concerning this matter, pleas                  | e call:  |
| Gabriel Rincon   | at ( 305 ) 494-7269  |
| Name of Person   | Area Code & Daytime Telephone Number   |
| Enclosed is a check for the following amount:                          |  |
| \$125.00 Filing Fee \$\sum \$130.00 Filing Fee & Certificate of Status | S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy 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:

# G.E.R. MIAMI INVESTMENT PROPERTY 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: | Mailing Address:         |  |
|---------------------------|--------------------------|--|
| 145 W 55 Street, Apt 10G  | 145 W 55 Street, Apt 10G |  |
| New York, NY 10019        | New York, NY 10019       |  |
|                           |                          |  |

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:

Name

11821 SW 14 Street

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

Miami

FL 33184

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 (REQU/RED)

(CONTINUED)

Page 1 of 2

SEGRETARY OF STATE

NATION OF COMPORATIONS

101 SECRETARY OF STATE

101 SECRET

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

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

| MGRM                                   | Gabriel Rincon           |             |
|--|--------------------------|-------------|
|  | 145 W 55 Street, Apt 10G |             |
|  | New York, NY 10019       |             |
|  |                          | <del></del> |
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|  |                          |             |
|  |                          |             |
| (Use attachment if necessary)          |                          |             |
| LE V: Effective date, if other than th | e date of filing:        | . (OPTION.  |

**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.)

Gabriel Rincon

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)