

Division of Corporations **Electronic Filing Cover Sheet**

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

(((H12000239979 3)))



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

T.	0:						
		Division of Con	רסמ	orations			
		Fax Number		(850)617-6383			
F	rom:						
		Account Name	:	LAZARUS CORPORATE FILING SERVICE, 1NO	:.		
		Account Number	z	12000000019	Ξ_{co}		
		Phone	:	(305) 552-5973		$\overline{\mathbf{z}}$	
		Fax Number	:	(305)220-1440	F-5.	9	
					72,!	1	Ī
			_		SS	1	(
**En				or this business entity to be used for		:e~	ſ
	annua	l report mailin	дs	. Enter only one email address please		330	
	Emmil	Address:			Es	<u> </u>	İ.
					電影	<u>:</u>	
						2	
					2.0		

FLORIDA LIMITED LIABILITY CO. GIERING AND ASSOCIATES, LLC

Certificate of Status	1	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$130.00	

Electronic Filing Menu Corporate Filing Menu

Help

H12000239979

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liabling RTICLE II - Address: he mailing address and street address of the principal Office Address: 251 S.W. 34 St. Rd. iami, FL 33155		
he mailing address and street address of the pri rincipal Office Address: 251 S.W. 34 St. Rd.	Mailing Address: 7251 S.W. 34 St. Rd.	
rincipal Office Address: 251 S.W. 34 St. Rd.	Mailing Address: 7251 S.W. 34 St. Rd.	
251 S.W. 34 St. Rd.	7251 S.W. 34 St. Rd.	
iami, FL 33155	Miami, PL 33155	<u></u>
No. of the last of		

RTICLE III - Registered Agent, Registered	Office, & Registered Agent's Si	gnature:
he Limited Liability Company carant serve as its own Registe authors early with an active Florida registration.)	red Agent, 3 ou mast designate on morvious	ON AMUTURET
he name and the Florida street address of the re	gistered agent are:	₹ 44 ₹
	_	
Scott K. Gie Name	ring	全面。日
		-2 ASS
7251 S.W. 34	5t. Rd. ess (P.O. Box <u>NOT</u> acceptable)	<u> </u>
Fighos street som		<u> </u>
Miani	FL 33155	3
City, Stat	c, and Zip	
Flaving been named as registered agent and to a liability company at the place designated in th egistered agent and agree to act in this cupactive	is certificate, I hereby accept the a	ove stated Hattled -
statutes relating to the proper and complete per	formance of un duties, and I am fo	mîliar with and
accept the obligations of my position as regist	ered ogent as provided for in Chap	oler 608, F.S.
	(- ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	

(CONTINUED)

Page 1 of 2

H12000239979

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:		Name and Address:
"MGRA	Manager	
MCRM		Scott K. Giering
		7251 S.W. 34 St. Rd. Miami, FL 33155
		13201027 10 10100
		·
(Use atta	achment if necessary)	
ARTICLE V; E	Meetive date, if other than the d	ate of filling: (OPTIONAL)
	late is bated, the date must be s er the date of filing.)	specific and cannot be more than five business days prior
•		ALLE OF THE PROPERTY OF THE PR
<u>REOUI</u>	RED SIGNATURE:	2011年
		TA SSE OF
		SE E
	•	or an authorized representative of a member. OS(3), Florida Statutes, the execution of this document
	constitutes at affirmation under the	te penalties of perjury that the facts stated herein are true.
	5001	tt K. Giering
	Туре	d or printed name of signer

Page 2 of 2