Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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annual report mailings. Enter only one email address please. **

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iress:
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FLORIDA LIMITED LIABILITY CO. CAMBRICK LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:	
Gambrick LLC		
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC,")	or water to a
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limited Liab	oility Company is:
Principal Office Address:	Mailing Address:	平地 古
8500 West Flagler Street Suite B208	8500 West Flagler Street Suite B208	E E
Mlaml, FL 33144	Miami, FL 33144	700
· · · · · · · · · · · · · · · · · · ·		5 5 T
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the	gistored Agent. You must designate an individu	
Miguel A. Hernandez, CPA.		
1921	n¢	
8500 West Flagler Street, Suite	B208	
Florida street	address (P.O. Box <u>NOT</u> acceptable)	
Miami	_{FL} 33144	
City,	State, and Zip	

taving over 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..

(CONTINUED)

Page 1 of 2



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:
"MGR" ≈ Manager "MGRM" ≈ Managing Mem	aber
MGRM	Marcelo O. Camuelo
	6500 West Flagter Street Suite B208
	Miam), FL 3S144
	6500 West Flegler Street Suite B208 Miami, FL 38144

	And the state of t
	and a service and a service of the s
(Use attachment if necessor)	· ·
•	•
ICLE V: Effective date, if othe	er than the date of filing: (OPTIONAL)
	late must be specific and cannot be more than five business days
to or 90 days after the date of	f filing.)
REQUIRED SUCNATURE	En. Discha
(>	
(Balan Banan
5 Signature o	f a member of an authorized representative of a member.
	section (08,408(3), Floride Statutes, the execution of this document
	ation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State
	gree follony as provided for in \$.817.155, F.S.)
	Consulo

'lyped or friend name of signed