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A Statement JUN 1 7 2014



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 14, 2014

GANALU DE AMERICA LLC 9240 DICKENS AVE SURFSIDE, FL 33154

SUBJECT: GANALU DE AMERICA LLC

Ref. Number: W14000023458

We have received your document for GANALU DE AMERICA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 714A00007931

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICLES OF ONSAMEATION PORPE	ONDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
GANALU DE AMERICA, LLC (Must end with the words "Limited L	.iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9240 DICKENS AVENUE SURFSIDE, FL 33154	9240 DICKENS AVENUE SURFSIDE, FL 33154
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a	egistered Agent. You must designate an individual or)
·	gent are:
DANIEL MELENDEZ Name	
9240 DICKENS AVENUE Florida street address (P.O. Box I	NOT acceptable)
SURFSIDE	FL 33154
City	Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in
Registered Agent's Signatu	re (REQUIRED)
(CONTINUE	D)
Page 1 of 2	

"MGR" = Manager MGR	CLAUDIO MIGUEL BUCCIERO 9240 DICKENS AVENUE SURFSIDE, FL 33154 GABRIELA ALEJANDRA GIULIANI 9240 DICKENS AVENUE SURFSIDE, FL 33154 GABRIELA ALEJANDRA GIULIANI 9240 DICKENS AVENUE SURFSIDE, FL 33154 (OPTIONAL) late is listed, the date must be specific and cannot be more than five business days prior to or constitutes and cannot be more than five business days prior to or 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.) CLAUDIO MIGUEL BUCCIERO Typed or printed name of signee	Title:	Name and Address:
MGR CLAUDIO MIGUEL BUCCIERO 9240 DICKENS AVENUE SURFSIDE, FL 33154 MGR GABRIELA ALEJANDRA GIULIANI 9240 DICKENS AVENUE SURFSIDE, FL 33154 (Use attachment if necessary) E. V.: Effective date, if other than the date of filing: ective date is listed, the date must be specific and cannot be more than five business days prior to o of filing.) E. VI: Other provisions, if any. IO MIGUEL BUCCIERO 80% AND GABRIELA ALEJANDRA GIULIANI 20% REOUIRED SIGNATUP REOUIRED SIGNATUP (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this docume 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.) CLAUDIO MIGUEL BUCCIERO Typed or printed name of signee Filling Fees;	CLAUDIO MIGUEL BUCCIERO 9240 DICKENS AVENUE SURFSIDE, FL 33154 GABRIELA AL EJANDRA GIULIANI 9240 DICKENS AVENUE SURFSIDE, FL 33154 GABRIELA AL EJANDRA GIULIANI 9240 DICKENS AVENUE SURFSIDE, FL 33154 (OPTIONAL) late is listed, the date must be specific and cannot be more than five business days prior to or (OPTIONAL) late is listed, the date must be specific and cannot be more than five business days prior to or (In accordancy with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated heria are true: 1 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.) CLAUDIO MIGUEL BUCCIERO Typed or printed name of signee Filing Fees;	"AMBR" = Authorized Member	
## SURFSIDE FL 33154 MGR GABRIELA ALEJANDRA GIULIANI 9240 DICKENS AVENUE SURFSIDE, FL 33154 (Use attachment if necessary) ## V: Effective date, if other than the date of filing:	gabriel A Alejandra Giuliani 9240 Dickens Avenue Surfside, FL 33154 Gabriel A Alejandra Giuliani 9240 Dickens Avenue Surfside, FL 33154 Gabriel A Alejandra Giuliani 9240 Dickens Avenue Surfside, FL 33154 (OPTIONAL) Interprovisions, if other than the date of filing: (Interprovisions, if any. BUEL BUCCIERO 80% AND Gabriel A Alejandra Giuliani 20% (In accordance with section 605.0203 (1) (b), 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.) CLAUDIO MIGUEL BUCCIERO Typed or printed name of signee Filing Fees; OO Filing Fee for Articles of Organization and Designation of Registered Agent		CLAUDIO MICHEL BUCCIERO
SURFSIDE, FL 33154 GABRIELA ALEJANDRA GIULIANI 9240 DICKENS AVENUE SURFSIDE, FL 33154 (Use attachment if necessary) E V: Effective date, if other than the date of filing: (OPTIONAL) ective date is listed, the date must be specific and cannot be more than five business days prior to o of filing.) E VI: Other provisions, if any. IO MIGUEL BUCCIERO 80% AND GABRIELA ALEJANDRA GIULIANI 20% REQUIRED SIGNATUR Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this docume 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.) CLAUDIO MIGUEL BUCCIERO Typed or printed name of signee Filing Fees;	SURFSIDE, FL 33154 GABRIELA ALEJANDRA GIULIANI 9240 DICKENS AVENUE SURFSIDE, FL 33154 SURFSIDE, FL 33154 GOPTIONAL) Interest in the date of filing: (OPTIONAL) Interest in the date must be specific and cannot be more than five business days prior to or 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.) CLAUDIO MIGUEL BUCCIERO Typed or printed name of signee Filing Fees: COO Filing Fee for Articles of Organization and Designation of Registered Agent	WGK	
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