

07/22/2014

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T: 18606178383 FROM: 954 101072

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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 audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : GFB TAX SERVICE LLC
Account Number : 120120000047
Phone : (754) 246-6160
Fax Number : (954) 510-2072

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JUL 22 AM 9:09

FILED

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

Email Address: gastonbelen@gfbtaxservice.com

RECEIVED

14 JUL 22 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MARCELO TRILLO LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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N. Gulligan JUL 23 2014

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARCELO TRILLO LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GASTON F BELEN

Name of Person

GFB TAX SERVICE LLC

Firm/Company

6303 BLUE LAGOON DRIVE SUITE 400

Address

MIAMI, FL 33126

City/State and Zip Code

GASTONBELEN@GFBTAXSERVICE.COM

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

For further information concerning this matter, please call:

GASTON BELEN

754

246-6160

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

07/22/2014

12:06

TO:18506176383 FROM:9545102072

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**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: MARCELO TRILLO LLC

SECOND: The Florida Document number of the limited liability company is: _____

THIRD: Document to be corrected is: _____

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

We forgot to add Gaston F Belen as a MGR, please includ to Gaston F. Belen
as MGR, 6303 Blue Lagoon Drive, Suite 400. Miami, FI 33126

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

☐ The electronic transmission of the record was defective.

07/18/2014

Signature of Authorized Representative

Date

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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**Electronic Articles of Organization
For
Florida Limited Liability Company**

L14000113675
FILED 8:00 AM
July 18, 2014
Sec. Of State
thampton

Article I

The name of the Limited Liability Company is:

MARCELO TRILLO LLC

Article II

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

C/O GFB TAX 6303 BLUE LAGOON DR # 400
MIAMI, FL. US 33126

The mailing address of the Limited Liability Company is:

C/O GFB TAX 6303 BLUE LAGOON DR # 400
MIAMI, FL. US 33126

Article III

The name and Florida street address of the registered agent is:

GFB TAX SERVICE LLC
6303 BLUE LAGOON DR.
SUITE 400
MIAMI, FL. 33126

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.

Registered Agent Signature: GASTON F BELEN

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
MARCELO TRILLO
C/O GFB TAX 6303 BLUE LAGOON DR # 400
MIAMI, FL. 33126 US

L14000113675
FILED 8:00 AM
July 18, 2014
Sec. Of State
thampton

Article V

The effective date for this Limited Liability Company shall be:

07/18/2014

Signature of member or an authorized representative

Electronic Signature: MARCELO TRILLO

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.