

OCT/27/2014/MON 01:59 PM

FAX No.

P. 001/003

10/27/2014

Division of Corporations

L140002508823

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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DIVISION OF CORPORATIONS
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FLORIDA LIMITED LIABILITY CO.

GOMAES 204 LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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D. BRUCE

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GOMAES 204 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:1175 SW 82ND CTMIAMI, FL 33144Mailing Address:1175 SW 82ND CTMIAMI, FL 33144

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:

JOSE M GONCALVES

Name

1175 SW 82ND CTFlorida street address (P.O. Box NOT acceptable)MIAMI

City

FL 33144

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 605, F.S.

Jose M Goncalves

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

JOSE M GONCALVES

1175 SW 82ND SCT

MIAMI, FL 33144

AMBR

MARIA E GONCALVES

1175 SW 82ND CT

MIAMI, FL 33144

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.**REQUIRED SIGNATURE:***Jose M Goncalves*

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 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.)

JOSE M GONCALVES

Typed or printed name of signer

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)

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