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Account Name : CORP USA Account Number: 072450003255 : (305)634-3694

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

Email Address:

# FLORIDA LIMITED LIABILITY CO. GASTONE MIAMI, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

## GASTONE MIAMI, LLC

### ARTICLE II - Address:

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

Principal Office Address: 5600 Collins Avenue Unit 10H Miami Beach, FL 33140

Mailing Address: 5600 Collins Avenue Unit 10H Miami Beach, FL 33140

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Margherita Gandolfi
Name

5600 Collins Ave, Unit 10H

Florida street address (P.O. Box NOT acceptable)

Miami Beach, FL 33140

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.

City, State, and Zip

Registered Agent's Signature

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

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address:  |
|--|--|
| MGRM   | Margherita Gandolfi<br>5600 Collins Ave, Unit 10H<br>Miami Beach, FL 33140 |
|  |  |

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(in accordance with section 65.22366), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MARGHERITA GANDOLFI
Typed or printed name of signee

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