

L15000060552

Florida Department of State
Division of Corporations
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA LIMITED LIABILITY CO. GEROLAMO LLC

Certificate of Status	1
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APR - 8 2015

T. BROWN

4/7/2015

H150000807106

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GEROLAMO LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

USHA RAMGOOLAM

Name of Person

ALBERNI CABALLERO FIERMAN, LLP

Firm/Company

4649 PONCE DE LEON BLVD. STE 404

Address

CORAL GABLES, FLORIDA 33146

City/State and Zip Code

USHA@ACF-CPA.COM

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

For further information concerning this matter, please call:

MARIBEL CASANOVA

Name of Person

at (305-) 6627272

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street/Courier Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GEROLAMO 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:

Mailing Address:

881 OCEAN DRIVE, APT # 4F
KEY BISCAYNE, FL 33149

881 OCEAN DRIVE, APT # 4F
KEY BISCAYNE, FL 33149

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:

ALBERNI CABALLERO & FIERMAN, LLP

Name

4649 PONCE DE LEON BLVD, STE 404

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

CORAL GABLES,

FL 33146

City

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 APR -7 PM 12:20
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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:

JULIA EMILIANI TRUST

881 OCEAN DRIVE, APT # 4F

KEY BISCAYNE, FL 33149

MGR

JULIA EMILIANI DE PIEDRAHITA

881 OCEAN DRIVE, APT # 4F

KEY BISCAYNE, FL 33149

MGR

NICOLAS ANTONIO ESCALLON

881 OCEAN DRIVE, APT # 4F

KEY BISCAYNE, FL 33149

(Use attachment if necessary)

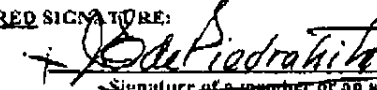
ARTICLE V: Effective date, if other than the date of filing: _____

(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:



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.)

Julia Emiliani Piedrahita

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)