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SECRETARY OF STATE

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MR30 Michalls

# **COVER LETTER**

Division of Corporations
SUBJECT: Gaby'S Training FT LUC  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:
Maria Gabriela Courreras Tauzi Name of Person
GODYS (OWNS) +. 1 C.C.C. Firm/Company
2000 NE 50 Sheet apt # 109 Address
Fortlanderdale FC, 33308  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Maria G. Cookers Tavelat (954) 872 1913  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  \$125.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

# **Mailing Address**

TO:

Registration Section

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:
(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:
2000 DE 50 skeet apt \$109  Toutlandertalle FT., 33308  Toutlandertalle FT., 33308
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:  Name  OCO OF SOCK AFTION  Florida street address (P.O. Box NOT acceptable)  Florida street address (P.O. Box NOT acceptable)  Florida street address (P.O. Box NOT acceptable)  FL 33335  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)
Page 1 of 2015 The PR 4: 48  SECRETARY OF STATE TALLAHASSEE. FLORID.

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in a document to the Department of State in s.817.155, F.S.)
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ARTICLE IV-