(Requestor's Name)		
(Address)	900273296	
(Address)	3332,323	
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)	06/01/150103	
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



3729

3--012 **\*\***125.00



## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Gohade 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:
Joseph A. Vecchio Jr Name of Person
Joseph A-lecchio Jr V.A.
4613 P. Unwasity Dr #588
Address  Address  City/State and Zip Code  City/State and Zip Code  Je-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joe Vecchio at (954) SID 7484  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 & Certificate of Status & Certified Copy (additional copy is enclosed)

# Mailing Address

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

# Street Address

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

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SRTICLE I - Name:	
he name of the Limited Liability Company is:	
<u>Gohade</u> U	_C
(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	e Limited Liability Company is:
Principal Office Address:	Mailing Address:
1723 SW 2 <sup>ncl</sup> are #701 Miami, 4L 33129	Same
ARTICLE III - Registered Agent, Registered Office, & Regist The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are	<u> </u>

Name

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

Parkland Th 33067

City State Z

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 2

15 JUN - I PM I: 40

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
		:
MGR	Marco Hawrylak 17235w 210 aug # 101	
MGR	Fausto Gonzalez Lausto Gonzalez	
MOR	Toronto Ontario, Carada MHY Marços Mario Diaz Perez	1PG
(Use attachment if necessary)	Madrid, Spain	
date of filing.)	the applicable statutory filing requirements, this date will not perfect the applicable statutory filing requirements.	
TICLE VI: Other provisions, if any.		s s s
		,
	//A-1-1-1-5	Late P
REOUIRED SIGNATURE:	NOTALY WAS	
Signature of a memb	per or an authorized representative of a member.	
Signature of a memb (In accordance with section constitutes an affirmation unlimated any false interpretation of the constitutes are affirmation unlimated any false interpretation.)	Namy and	
Signature of a memb (In accordance with section constitutes an affirmation un I am aware that any false interesting the constitutes a third degree fel	ber or an authorized representative of a member. 605.0203 (1) (b). Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State	
Signature of a memb (In accordance with section constitutes an affirmation under that any false interestitutes a third degree fel	per or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)	