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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6303

From: Account Name : GEOFFREY M. WAYNE, P.A.  
Account Number : 076770003401  
Phone : (305) 381-8108  
Fax Number : (305) 381-8109

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

Email Address: GNCABOGADDM@AIME.COM

FLORIDA LIMITED LIABILITY CO.  
Gla Viviana Dimicova LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUN -2 PM 1:08

APPROVAL  
AND  
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TALLAHASSEE, FLORIDA

Handwritten signature/initials

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: **Gia Viviana Dimicova LLC**

## ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 4779 COLLINS AVE., Unit 2706, Miami Beach, FL 33140-3251

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

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

Geoffrey M. Wayne  
135 San Lorenzo Ave., PH 840  
Coral Gables, FL 33146

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.

*Geoffrey M. Wayne*  
Registered Agent's Signature

## ARTICLE IV - Management

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

**Title:**  
AMBR

**Name and Address:**  
Viviana Dimicova  
4779 COLLINS AVE., Unit 2706  
Miami Beach, FL 33140-3251

ARTICLE V - Effective date, if other than the date of filing: \_\_\_\_\_

ARTICLE IV - Other Provisions, if any.

*Geoffrey M. Wayne Authorized Representative*  
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.)

Geoffrey M. Wayne  
Typed or printed name of signer

## FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

15 JUN 12 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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