

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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((CH16000049018_3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE IN

Account Number : I20000000146 : (305)444-4994 Phone

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

Email Address:_

FLORIDA LIMITED LIABILITY CO. GRAVITY HOLDINGS LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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Corporate Filing Menu

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FAX No.



16 FEB 25 PH I2: 47

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ARTICLES OF	ORGANIZATION FOR F	LORIDALI	MITED LIABILITY COMPANY SUCRETHING OF
ARTICLE I - Name:			a di
The name of the Limited Liability	v Company is:		
The name of the Bibliot Lines.			
GRAVITY HOLDIN			
(Must end v	with the words "Limited	Liability Co	ompany, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street ad	ldress of the principal of	fice of the L	imited Liability Company is:
Princips	il Office Address:		Mailing Address:
1508 BAY RD			1508 BAY RD
APT 1275			APT 1275
MIAMI BEACH, FL	33139		MIAMI BEACH, FL 33139
-			77.25
ARTICLE III - Registered Age	nt, Registered Office, &	& Registere	d Agent's Signature:
(The Limited Liability Company	cannot serve as its own	Registered A	Agent. You must designate an individual or
another business entity with an a			
The name and the Florida street a	ddress of the registered	agent are:	
	ALBERTO MATO A		
		Name	
	1400 DAY DE ARE 1	276	
	1508 BAY RD APT 1		<u> </u>
	Florida street address	(P.O. Box	NUT acceptable)
	MIAMI BEACH	FL	33139
		···-	
	City	State	Zip

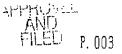
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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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FAX No.



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SECREMAN CE SHATE TALLAHASSEE FLORIDA

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
AMBR	ALBERTO MATO ALONSO		
	1508 BAY RD APT 1275		
 	MIAMI REACH, EL 33139		
the land of the la	· · · · · · · · · · · · · · · · · · ·		

(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 sp	ecific and cannot be more than five business days prior to or 90 days a		
the date of filing.)			
Note: If the date inserted in this block does not n	neet the applicable statutory filing requirements, this date will not be list		
the document's effective date on the Department	of State's records.		

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

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.

ALBERTO MATO ALONSO

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 5 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

REQUIRED SIGNATURE: