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Division of Corporations

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : GEOFFREY M. WAYNE, P.A.  
Account Number : 076770003401  
Phone : (305) 381-8109  
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: gn@abogadomiami.com

FLORIDA LIMITED LIABILITY CO.

~~THE GELATO LAB LLC~~ GELATO MARKET, LLC

Certificate of Status	0
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June 10, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

GEOFFREY M WAYNE, P.A.

SUBJECT: THE GELATO LAB, LLC  
REF: W16000042609

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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Matthew T Moon  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: E16000141835  
Letter Number: 116A00012280

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is: **GELATO MARKET, LLC**

**ARTICLE II - Address:**

The mailing address of the Limited Liability Company is: 135 San Lorenzo Ave., PH 840, Coral Gables, FL 33146

The street address of the principal office of the Limited Liability Company is: 135 San Lorenzo Ave., PH 840, Coral Gables, FL 33146

**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.

  
Registered Agent's Signature

**ARTICLE IV - Management**

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

AMBR

HUGO ANDRES BIONDO  
135 SAN LORENZO AVE., PH 840  
CORAL GABLES, FL 33146

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

**ARTICLE IV - Other Provisions**, if any.

  
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 signee

**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)

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