

U7000069633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

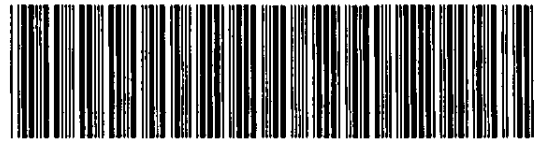
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600297133716

03/27/17--01022--004 \*\*125.00

FILED  
17 MAR 27 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: GAENCO 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:

JORGE L MARTINEZ, CPA

\_\_\_\_\_  
Name of Person

MARTINEZ-MARQUEZ, CPA, PA

\_\_\_\_\_  
Firm/Company

6303 BLUE LAGOON DR, STE 200

\_\_\_\_\_  
Address

MIAMI, FL 33126

\_\_\_\_\_  
City/State and Zip Code

jorge@mgccpa.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jorge Martinez

305

274-2626

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

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

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Martinez-Marquez, CPA, PA.  
6303 Blue Lagoon Drive, Suite 200  
Miami, FL 33126

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name**

The name of the Limited Liability Company is:

**GAENCO, LLC**

**ARTICLE II - Address**

The mailing address and the street address of the principal office of the Limited Liability Company is:

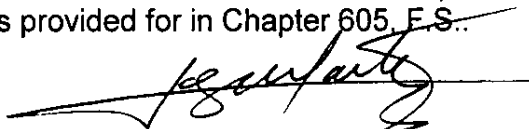
11118 NW 80<sup>TH</sup> LANE  
DORAL, FL 33178

**ARTICLE III - Registered Agent, Registered Office, & Registered Agents' Signature**

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

Jorge Martinez, CPA  
6303 Blue Lagoon Dr., Suite 200  
Miami, FL 33126

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

FILED  
17 MAR 27 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV - Authorized Members or Managing Members**

Title:

Name and Address:

AMBR

Fernando J Manfrini AND  
Silvina P. Manfrini, as Tenants  
by the Entirety

11118 NW 80th Lane  
Doral, FL 33178

**ARTICLE V - Percentage Participation of Members**

The Percentage participation of the members shall be as follows:

Fernando J Manfrini and Silvina P Manfrini, as Tenants by entirety	100%
---	------

**ARTICLE VI - Management**

The business of the company shall be conducted under the exclusive management of its authorized members, who will have the exclusive authority to act for the company in all matters. Either Managing Member acting in their individual capacity shall have the authority to bind the LLC to a third party with respect to any matter.

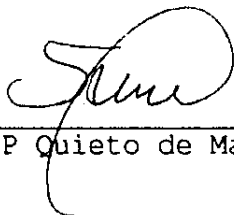
**ARTICLE VII - Continuance of the Company**

In the event of the death, resignation, or retirement of an authorized member, the remaining authorized member shall have the sole right to continue the business of the Company and shall acquire the membership interest of the retired authorized member.

Signatures on following page

**REQUIRED SIGNATURES:**

  
\_\_\_\_\_  
Fernando J Manfrini

  
\_\_\_\_\_  
Silvina P Quieto de Manfrini

(In accordance with section 605.0203, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)