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COVER LETTER

TO: New Filing Section
Division of Corporations
PO BOX 6327
Tallahassee, FL 32314

SUBJECT:	GAV DORAL 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:

Guillermo Vulcano 8402 NW 114th Path Doral, FL 33178

E-mail address to be used for future annual report notification: guillermo_vulcano@hotmail.com

For further information concerning this matter, please call: Guillermo Vulcano at (305)335-6843

Enclosed is a check for the Filing Fee in the amount of \$125.00

ARTICLES OF ORGANIZATION FOR GAV DORAL LLC

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A Florida Limited Liability Company Under Chapter 605, Florida Statutes SLOADIARY OF STATE TALLAHASSET FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

GAV DORAL LLC

ARTICLE II - Duration:

This Company shall exist on the date of filing of these Articles with the Secretary of State of the State of Florida. The duration of the Company shall be perpetual.

ARTICLE III - Address:

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

8402 NW 114th Path Doral, FL 33178

ARTICLE IV - Nature of Business

The Company is organized for the purposes of:

- Acquire, own, hold, develop, deal in and with, manage, maintain and operate, unlimitedly, real state property within and without the state of Florida;
- Buy and sell real state and personal property or any nature whatsoever:
- Convey, sell, assign, transfer, lease, mortgage, pledge, exchange, or otherwise deal with any property;
- And in general, any and all lawful business.

ARTICLE V - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Guillermo Vulcano 8402 NW 114th Path Doral, FL 33178 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 VI-

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

Title: Name and Address:

AMBR GuillermoVulcano 8402 NW 114th Path Doral, FL 33178

SIGNATURE:

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.

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