Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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FLORIDA LIMITED LIABILITY CO. GESTINSA LLC

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Electronic Filing Menu

Corporate Filing Menu

11/20/2014

Help

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ARTICLES OF	ORGANIZA:	TION FOR FLOI	RIDĂLIM	TED ÜAĞUTÜY ÖÖ	MPÁNÝ	
ARTICLE 1 - Name: The name of the Limited Liability	y Company i	s ;				
	GESTI	NSA LLC				
'(Must conta	in the words	"Limited Liab	lity:Compa	ny. "L'L:C _{ii} ".or "Ll	t.C.//)	
ARTICLE II - Address: The mailing address and street ad	dress of the	principal office	oftha Limi	ted Liability Comp	any is:	
Principa	I Office Add	iress:	•	<u>Mail</u>	ing Addiress:	
13831 SW 69 STREET.		205 LEAL STREET				
STE 205			MISSION, TEXAS 78572			
MIAMI, FLORIDA 33183			<u> </u>		<u> </u>	
ARTICLE III - Registered Age (The Limited Liability Company another Business entity with an a The name and the Florida street a	cannot serve ctive Florida	as its own Regi registration.)	ist ere d Age	gent's Signature: n. You must design	ate an individual or	
		MIGUEL ANGEL	OUINTANA		,	
,		Nai			<u>· </u>	
	·1	13831 SW 59 STR	EET, STE 20	S ′		
•	Florida str	eet address (P.(). Box <u>NO</u>	[ncceptable)		
,	MIAMI		FLORIDA	33183		
	(City	State	Žĺp		

Having been named as registered agent and to accept service of process for the above stated limited tiability 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 the duties, and I am familiar with and accept the obligations of my position as resistered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member	Name and Address:					
"MGR" ≕Manager AMBR						
AMBR	MIGUEL ANGEL QUINTANA 205 LEAL STREET					
	MISSION, TEXAS 78672					
•						
	·					
(Use attachment if necessary)						
CLEV: Effective date, if other than the date	offling / /OPTIONALS					
effective date is listed, the date must be sp	of filing: (OPTIONAL) selfic and cannot be more than five business days a rior to or 90 day					
	neet the applicable statutory filling requirements, this date will not be					
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