

**LA000239 S30**

**Florida Department of State**

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

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

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

**Email Address:** \_\_\_\_\_

**FILED**  
 2019 DEC 10 AM 4:14  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

**FLORIDA LIMITED LIABILITY CO.**

**GUTFY LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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**ARTICLES OF ORGANIZATION  
OF  
GUTFY LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is GUTFY LLC

**ARTICLE II: - Address**

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

**601 Brickell Key Drive  
Suite 1000  
Miami, FL 33131**

**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**

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

**Capitol Corporate Services, Inc.  
515 E. Park Avenue, Floor 2  
Tallahassee, FL 32301**

*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.*

**CAPITOL CORPORATE SERVICES, INC., as Registered Agent**

By: Kim Tadlock

Name: Kim Tadlock

Title: Asst. Sec. on behalf of Capitol Corporate Services, Inc.

**ARTICLE IV: - Management**

The name and address of each person authorized to manage and control the limited liability company is as follows:

Title:

Name and Address:

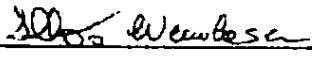
MGR

**Alberto Menolascina  
601 Brickell Key Drive  
Suite 1000  
Miami, FL 33131**

\*\*\*\*\*

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TALLAHASSEE, FL

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization on December 9, 2019.

  
\_\_\_\_\_  
Alberto Menolascina, 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 Section 817.155, Florida Statutes.)

\_\_\_\_\_  
Alberto Menolascina  
Typed or printed name of signer