Fax Services

Florida Department of State
Division of Corporations
Division of Corporations
Calculonid Phing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will generate another cover sheet.	SE(ALL
То:	Division of Corporations Fax Number : (850)617-6381	RETARY O AHASSEE.

From:

Account Name : ASLAN TAX SERVICES INC

Account Number : I20140000082 Phone : (305)644-9144 Fax Number : (786)477-5802

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

Email Address:	

FLORIDA LIMITED LIABILITY CO. GEIMI LLC

Certificate of Status	1
Certified Copy	U
Page Count	04
Estimated Charge	\$130.00

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Corporate Filing Menu

Help



COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: GEIMI 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:
IRMA SERNA
Name of Person
ASLAN TAX SERVICES INC
Firm/Company
1770 W FLAGLER ST SUITE 5
Address
MIAMI, FL 33135
City/State and Zip Code
IRMA@ASLANTAXSERVICE.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
IRMA SERNA at (305) 644-9144
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
LJ\$125.00 Filing Fee LJ\$130.00 Filing Fee & LJ\$155.00 Filing Fee & LJ\$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

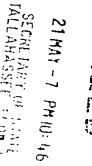
Mailing Address

Fax Services

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

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 310 Tallahassee, FL 32303



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I	l - Name:
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The name of the Limited Liability Company is:

Fax Services

GEIMI LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Prin	cinal	Office	Address:

Mailing Address:

1770 W FLAGLER ST SUITE 5 MIAMI, FL 33135

1770 W FLAGLER ST SUITE 5

MIAMI, FL 33135

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ASLAN AFFILIATES LLC

Name

1770 W FLAGLER ST SUITE 5

Florida street address (P.O. Box NOT acceptable)

MIAMI

City

State

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.

tered Agent's Signature (REQUIRED)

(CONTINUED)

"MGR" = Manager AMBR AMBR	PABLO DANIEL GONZALEZ 1770 W FLAGLER ST SUITE 5 MIAMI, FL 33135	
	1770 W FLAGLER ST SUITE 5	
AMBR		
AMBR		
	PAULA GIMENA MEZQUIDA	
	1770 W FLAGLER ST SUITE 5 MIAMI, FL 33135	
		-
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