## Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FANJUL ENTERPRISES LLC

Account Number : I20190000080 : (305)603-8791 Phone : (877)503-6086 Fax Number

\*\*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. GAŁA OCTUVRE LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

### GALA OCTUVRE 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:

Principal Office Address:	Maning Address:
905 NW 106TH AVE CIR	905 NW 106TH AVE CIR
MIAMI, FL 33172	MIAMI, FL 33172
	•••

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:

ANA G TERAN		
	Name	
905 NW 106TH AV	'E CIR	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
MIAMI	FL	33172
City	State	Zip

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 proposition as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

To:

# ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: "AMBR" = Authorized Member Name and Address: "MGR" = Manager <u>ANA G TERAN</u> <u>AMBR</u> 770 HART ST. 1R **BROOKLYN, NY 11237** (Use attachment if necessary) \_. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: \_ (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. ANA G TERAN OWNS 100% OF THE SHARES REQUIRED SIGNATURE: X Signature of a member or an authorized representative of a member. 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. <u>ANA G TER</u>AN

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)