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.

(((H22000058245 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

FLORIDA LIMITED LIABILITY CO. GIFTED HOLDINGS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Page: 3 of 4

GIFTED HOLDINGS 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:	Mailing Address:
111 NW 183RD STREET	
STE: 110-A	SAME
MIAMI GARDENS, FL 33169	

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:

7.7-1	Name	
III NW 183RD STRE	ET STE: 110-A	
Florida street address (P.O. Box <u>NOT</u> as	aceptable)
MIAMI GARDENS	FL	33169
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 my position as registered agent as provided for in Chapter 605, F.S.:

Registered Agent's Signature (REQUIRED)

(CONTINUED)

3.27 E. 1. 1. 1. 50

ARTICLE IV-

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	MARIE JEAN-BAPTISTE 111 NW 183RD STREET STE: 110-A MIAMI GARDENS, FL 33169
ective date is usted, the date must i of filing.)	e date of filing: be specific and cannot be more than five business days prior to or not meet the applicable statutory filing requirements, this data will a
EV: Effective date, if other than the ective date is listed, the date must of filing.)	not meet the applicable statutory filing requirements, this data will
EV: Effective date, if other than the ective date is listed, the date must of filing.) the date inscreed in this block does ment's effective date on the Departite VI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date will a ment of State's records.
EV: Effective date, if other than the ective date is listed, the date must of filing.) the date inscreed in this block does ment's effective date on the Departite VI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date will a ment of State's records.
EV: Effective date, if other than the ective date is listed, the date must of filing.) the date inserted in this block does ment's effective date on the Departite VI: Other provisions, if any. REOURED SIGNATURE: Signature of This document is e I am aware that any	not meet the applicable statutory filing requirements, this date will a ment of State's records.
EV: Effective date, if other than the ective date is listed, the date must of filing.) the date inserted in this block does ment's effective date on the Departite VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is e I am aware that any constitutes a third d	not meet the applicable statutory filing requirements, this date will a ment of State's records. The member of an authorized representative of a member. Secuted in accordance with section 605.0203 (1) (b), Florida Statutes false information submitted in a document to the Department of Stategree felony as provided for in s.817.155, F.S. N-BAPTISTE
EV: Effective date, if other than the ective date is listed, the date must of filing.) the date inserted in this block does ment's effective date on the Departite VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is e I am aware that any constitutes a third d	not meet the applicable statutory filing requirements, this date will a ment of State's records. If member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the ective date is listed, the date must of filing.) the date inserted in this block does ment's effective date on the Departie EVI: Other provisions, if any. REOURED SIGNATURE: Signature of This document is e I am aware that any constitutes a third display.	not meet the applicable statutory filing requirements, this date will a ment of State's records. If member or an authorized representative of a member, accuted in accordance with section 605.0203 (1) (b), Florida Statutes false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S. N-BAPTISTE Typed or printed name of signee Filing Fees: Forganization and Designation of Registered Agent