

To:

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2022-10-08 11:24:08 -14

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From: Ana Maisonneuve

U200043575

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : RASI
Account Number : I20220000023
Phone : (800)221-2972
Fax Number : (917)243-5843

****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.
GARI SOLUTIONS 33 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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22 OCT 10 PM 12:35
TALLAHASSEE, FLORIDA

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October 7, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RASI

SUBJECT: GARI SOLUTIONS 33 LLC
REF: W22000127182

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Section 607.0120(4), 617.01201, or 605.0206, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Dil Sultana
Regulatory Specialist II

FAX Aud. #: H22000343934
Letter Number: 322A00022471

22 OCT 10 PM 12:35
FALLAH, SEI, FLOIDA

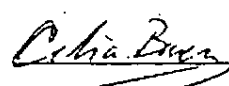
ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address: AMBRJOSEFINA A. GARCIA
18340 NW 62ND AVENIDA APARTAMENT 201
HIALEAH FL 33015 AMBRJorge Rivera
805 Riverside Dr. APT 1121, Coral
Springs, FL, 33071
Celia Baerz AMBR805 Riverside Dr. APT 1121, Coral
Springs, FL, 33071 AMBRDAVID GARCIA
18340 NW 62 AVE APT. 201
HIALEAH FL 33015

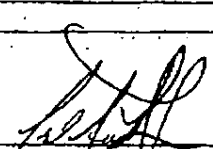
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:

SELL ONLINE PRODUCTS

REQUIRED SIGNATURE:
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.

JOSEFINA A. GARCIA

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GARI SOLUTIONS 33 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:18340 NW 62ND AVENIDA APT 201
HALEAH FL 3301518340 NW 62ND AVENIDA APT 201
HALEAH FL 33015

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:

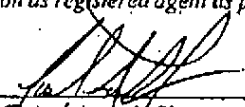
JOSEFINA A. GARCIA

Name

18340 NW 62ND AVENIDA APARTAMENT 201Florida street address (P.O. Box NOT acceptable)

<u>HALEAH</u>	<u>FL</u>	<u>33015</u>
City	State	Zip

I 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)

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