## 122000460947

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

۸	RT	ICI	.E. !	۱ -	Name	:

The name of the Limited Liability Company is:

Gla Solle Investments 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:	<u>Mailing Address:</u>
362 Bridgeton Road	362 Bridgeton Road
	Weston, Florida 33326
Weston, Florida 33324	

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:

Hava Kodriguez

Name

362 Bridgeton Road

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

Weston Florida 33394

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. Thereby 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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## ARTICLE IV-

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized N "MGR" = Manager VIG R	_	
	Maria Rochiquez 362 Bridge ton Rad Weston FJ 3332	6
(Use attachment if necess		
If an effective date is listed, the d he date of filing.) <u>Note:</u> If the date inserted in this b	her than the date of filing: $10 - 37 - 32$ . (OPTIONAL) date must be specific and cannot be more than five business days prior to or 90 block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	
RTICLE VI: Other provisions, if		
REQUIRED SIGNATU	JRE:	<del></del>
This doc I am awa	gnature of a member or an authorized representative of a member, rument is executed in accordance with section 605.0203 (1) (b). Florida Statutes, are that any false information submitted in a document to the Department of Statelies a third degree felony as provided for in s.817.155. F.S.	
	Maria Kodusue 2  Typed or printed name of signee	
	Elling Four	20

<u>Filing Fees:</u>

\$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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